

ANNUAL STATEMENT

OF THE

WellCare Health Insurance Company of Kentucky, Inc.

of

Louisville

in the state of

Kentucky

TO THE

Insurance Department

OF THE

STATE OF Kentucky

FOR THE YEAR ENDED

DECEMBER 31, 2018

HEALTH

2018





ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2018

OF THE CONDITION AND AFFAIRS OF THE WellCare Health Insurance Company of Kentucky, Inc.

			(Name)		
NAIC Group Code	01199 urrent Period)	,(Prior Period)	NAIC Company	Code6446	7 Employer's	ID Number KRS 61.878(1)(a)
Organized under the Laws		Kentucky		State of Domic	ile or Port of Entry	Kentucky
Country of Domicile	592 1 			United States		
Licensed as business type	Elio, Modido	nt & Health [X] ice Corporation []		ualty [] e Corporation [] derally Qualified?	Health Maintena	I & Dental Service or Indemnity []
Incorporated/Organized		03/27/1962			State and the st	08/31/1962
72 935		03/2//1902		mmenced Busines		00/31/1302
Statutory Home Office	Y 	13551 Triton Park Blv (Street and Num		 -		ille, KY, US 40223 State, Country and Zip Code)
Main Administrative Office				8735 Henderso	on Road	
		22524		(Street and Nun	mber)	200
	ampa, FL, US Town, State, Countr				813-206-6 (Area Code) (Teleph	
Mail Address		P.O. Box 31391		W		JS 33631-3391
Driman, Lasatian of Backs		et and Number or P.O. Box)		0725	(City or Town, State, Henderson Road	Country and Zip Code)
Primary Location of Books	and Records	8			treet and Number)	
	ampa, FL, US				813-206-6 Area Code) (Telephone N	
Internet Web Site Address		, and Elp Godo,		www.wellcare.co	W 32 32 32	ambar (Extension)
Statutory Statement Conta	8	Mike Wasil	(-206-2725
E SWAS	ael.wasik@we	(Name)				phone Number) (Extension)
	(E-Mail Addres				(Fax Numb	
			OFFICE	-DS		
Name		Title	011101	Nar	me	Title
William Andrew Jone	-c #	President		Michael Tr	rov Mever	Asst. Treasurer, VP and Corporate Controller
	- 1 Jan			1111		Assistant Secretary and Vice
Stephanie Ann Willia	ms #,	CFO and Vice Pre	OTHER OF	Tammy Ly	nn Meyer ,	President President
Goran Jankovic		Treasurer and Vice		Michael Wa	rren Haber,	Secretary and Vice President
Andrew Lynn Ash	er	DIRE Michael Troy M		R TRUSTEES William Andre		
State of County of		SS				
above, all of the herein descr that this statement, together liabilities and of the condition and have been completed in a may differ; or, (2) that state in knowledge and belief, respec when required, that is an exa regulators in lieu of or in addit	ibed assets were with related exh and affairs of the accordance with rules or regulation tively. Furthermodict copy (except ion to the enclosion	the absolute property of bits, schedules and expl. e said reporting entity as the NAIC Annual Stateme is require differences in right, the scope of this attestor formatting differences ed statement.	the said reporting of anations therein co of the reporting per nt Instructions and eporting not related station by the description of the there are not to electronic full the said of the the said of	entity, free and clear ntained, annexed or lood stated above, and Accounting Practices to accounting practi- ibed officers also incl jing) of the enclosed	from any liens or claim referred to, is a full a d of its income and de s and <i>Procedures</i> manuces and procedures, a dudes the related corred statement. The electric statement is a full statement.	n, and that on the reporting period stated as thereon, except as herein stated, and and true statement of all the assets and ductions therefrom for the period ended, all except to the extent that: (1) state law ccording to the best of their information, is ponding electronic filing with the NAIC, conic filing may be requested by various Stephanie Ann Williams
.7		V		b.	Is this an original fill If no: 1. State the amendr 2. Date filed 3. Number of pages	ment number
Notacy Rubbis	anuan	e this Subs	e of Florida nty of Hillsboroug scribed and Swor 7 3 day of Manager ry Public	n to before me this		Isborough and Sworn to before me this ay of <u>January</u> 2019
No Kentuck	RY L. JOZWIAK otary Public y - State at La n Expires Nov IV-5 NAIC 2	rge	W. 32	MARGO J. BRIGGS Y COMMISSION # FF 209 EXPIRES: July 13, 201 ded Thru Notary Public Unde	19	MARGO J. BAIGGS MY COMMISSION # FF 208635 EXPIRES: July 13, 2019 Bonded Thru Notary Public Underwriters Page 2 Of 162



	AC	00E10	ASSETS											
			Current Year		Prior Year									
		1	2	3	4									
				Net Admitted Assets	Net Admitted									
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Assets									
1.	Bonds (Schedule D)	274,633,290		274,633,290	197 , 147 , 651									
2.	Stocks (Schedule D):													
	2.1 Preferred stocks			0	0									
	2.2 Common stocks	0		ļ0 ļ	0									
3.	Mortgage loans on real estate (Schedule B):													
	3.1 First liens		1	i i	0									
	3.2 Other than first liens			0	0									
4.	Real estate (Schedule A):													
	4.1 Properties occupied by the company (less													
	\$encumbrances).			0	0									
	4.2 Properties held for the production of income													
	(less \$ encumbrances)			0	0									
	4.3 Properties held for sale (less													
	\$encumbrances)			ا ۱	0									
5.	Cash (\$300,241,454 , Schedule E-Part 1), cash equivalents													
J.														
	(\$49,720,745 , Schedule E-Part 2) and short-term	450 454 005		450 454 005	040 040 004									
_	investments (\$100,492,736 , Schedule DA)													
6.	Contract loans (including \$premium notes)				0									
7.	Derivatives (Schedule DB)				0									
8.	Other invested assets (Schedule BA)			i	0									
9.	Receivables for securities				0									
10.	Securities lending reinvested collateral assets (Schedule DL)				0									
11.	Aggregate write-ins for invested assets				0									
12.	Subtotals, cash and invested assets (Lines 1 to 11)			725,088,224	837,990,555									
13.	Title plants less \$charged off (for Title insurers													
	only)			0	0									
14.	Investment income due and accrued			3,306,545										
15.	Premiums and considerations:													
13.														
	15.1 Uncollected premiums and agents' balances in the course of	00 500 040		00 500 040	0 070 700									
	collection	23,596,010		23,596,010	9,378,789									
	15.2 Deferred premiums, agents' balances and installments booked but													
	deferred and not yet due (including \$earned													
	but unbilled premiums)			0	0									
	15.3 Accrued retrospective premiums (\$) and													
	contracts subject to redetermination (\$)	1,488,685		1,488,685	2,005,956									
16.	Reinsurance:													
	16.1 Amounts recoverable from reinsurers	0		0	113,882									
	16.2 Funds held by or deposited with reinsured companies			0	0									
	16.3 Other amounts receivable under reinsurance contracts			0	0									
17.	Amounts receivable relating to uninsured plans				7 , 517 , 134									
i														
18.1	Current federal and foreign income tax recoverable and interest thereon				0									
18.2	Net deferred tax asset			i i	5,525,974									
19.	Guaranty funds receivable or on deposit		i	i i	0									
20.	Electronic data processing equipment and software			0	0									
21.	Furniture and equipment, including health care delivery assets													
	(\$)			0	0									
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0									
23.	Receivables from parent, subsidiaries and affiliates	3,267,228		3,267,228	4,708,526									
24.	Health care (\$35,652,109) and other amounts receivable			46,784,543										
25.	Aggregate write-ins for other-than-invested assets		1	85,919										
26.	Total assets excluding Separate Accounts, Segregated Accounts and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
	Protected Cell Accounts (Lines 12 to 25)	813 577 QNQ	2 07/1 116	811 503 703	908 119 //70									
27	From Separate Accounts, Segregated Accounts and Protected	שטש, זוט,טוע		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	410 , ١١٥ , ١١٥٠ , ١١٥٠									
27.					0									
	Cell Accounts.		0.074.440		000 440 470									
	Total (Lines 26 and 27)	813,577,909	2,074,116	811,503,793	908,119,470									
	S OF WRITE-INS													
1101.														
1102.														
1103.														
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0									
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0									
2501.	Other non-admitted assets (prepaids)	489.828	489,828	0	0									
2502.	ASO prepayments.		1,085,356	i	93,222									
2503.	Deposits with providers		282,577	00,519	0									
	Summary of remaining write-ins for Line 25 from overflow page		0		_									
2598.	, ,			0										
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,943,680	1,857,761	85,919	93,222									



LIABILITIES, CAPITAL AND SURPLUS

			Prior Year		
		1 Covered	2 Uncovered	3 Total	4 Total
1	Claims unpaid (less \$ reinsurance ceded)	312,532,200		312,532,200	Total
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses			· · · ·	
4.	Aggregate health policy reserves, including the liability of	1,300,014		1,300,074	1,700,000
	\$ for medical loss ratio rebate per the Public				
	Health Service Act	13 820 946		13 820 946	11 498 305
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves		i i	i	
	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued				
	Current federal and foreign income tax payable and interest thereon (including	. , , , , , , , , , , , , , , , , , , ,			
	\$ on realized capital gains (losses))	0		0	7 743 689
10.2	Net deferred tax liability				0
	Ceded reinsurance premiums payable				
	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
	Borrowed money (including \$current) and				
	interest thereon \$(including				
	\$			0	0
15	Amounts due to parent, subsidiaries and affiliates			34,794,718	
16.	Derivatives.				0
17.	Payable for securities			i	0
18.	Payable for securities lending			0	0
	Funds held under reinsurance treaties (with \$				
	authorized reinsurers, \$ unauthorized				
	reinsurers and \$ certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified (\$)				
	companies			0	0
21.	Net adjustments in assets and liabilities due to foreign exchange rates				0
1	Liability for amounts held under uninsured plans				
	Aggregate write-ins for other liabilities (including \$, ,	
	current)	330,972	0	330,972	737 ,827
24.	Total liabilities (Lines 1 to 23)			448,554,299	
		xxx	xxx		55,232,000
26.	Common capital stock				
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus	xxx	xxx	137 , 298 , 516	137 , 298 , 516
29.	Surplus notes	xxx	xxx		0
30.	Aggregate write-ins for other-than-special surplus funds				0
31.	Unassigned funds (surplus)			223,150,978	118 , 707 , 944
32.	Less treasury stock, at cost:				
	32.1shares common (value included in Line 26				
	\$)	xxx	xxx		0
	32.2shares preferred (value included in Line 27				
	\$)	xxx	xxx		0
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	xxx		362,949,494	313,738,460
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	811,503,793	908,119,470
DETAILS	OF WRITE-INS				
2301.	Unclaimed property payable	330,972		330,972	737 ,827
2302.		0		0	0
2303.					
İ	Summary of remaining write-ins for Line 23 from overflow page	<u> </u>	L0 L	0	0
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	330,972	0	330,972	737,827
	Estimated ACA Industry Fee (following year)	,		,-	55,232,000
	25th action from the action from the ground fr				, ,
2502.					
2503.			i i	i	
2598.	Summary of remaining write-ins for Line 25 from overflow page				0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	55,232,000
3001.		XXX	xxx		
3002.		xxx	xxx		
3003.		xxx	xxx		
3098.	Summary of remaining write-ins for Line 30 from overflow page	xxx	xxx	0	0
	Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0



STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE AT	Current Year		Prior Year	
		1 Unanyarad	2 Total	3 Total	
	Member Months	Uncovered	Total 6 711 655	Total	
i	Net premium income (including \$		1		
	Change in unearned premium reserves and reserve for rate credits				
1	Fee-for-service (net of \$ medical expenses)				
i	Risk revenue	ı	ı		
	Aggregate write-ins for other health care related revenues				
	Aggregate write-ins for other non-health revenues				
	Total revenues (Lines 2 to 7)	XXX	3,023,399,704	2,813,182,480	
	oital and Medical:		4 400 477 005	4 400 400 000	
i	Hospital/medical benefits	i			
İ	Other professional services				
11.	Outside referrals	i	l l		
12.	Emergency room and out-of-area		1		
	Prescription drugs				
	Aggregate write-ins for other hospital and medical		0		
	Incentive pool, withhold adjustments and bonus amounts		3 , 167 , 838		
16.	Subtotal (Lines 9 to 15)	0	2,539,106,725	2,457,022,847	
Less					
1	Net reinsurance recoveries	I			
18.	Total hospital and medical (Lines 16 minus 17)	0	2,539,367,353	2,457,637,327	
19.	Non-health claims (net)			0	
20.	Claims adjustment expenses, including \$17,141,118 cost containment expenses		40,205,452	34,483,811	
21.	General administrative expenses		290,862,452	199,670,270	
22.	Increase in reserves for life and accident and health contracts (including				
	\$increase in reserves for life only)		0	0	
23.	Total underwriting deductions (Lines 18 through 22)	0	2,870,435,257	2,691,791,408	
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	xxx	152,964,507	123,391,078	
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		17,512,192	8,391,643	
26.	Net realized capital gains (losses) less capital gains tax of \$		(227,836)	(29,450)	
27.	Net investment gains (losses) (Lines 25 plus 26)	0	17,284,356	8,362,193	
	Net gain or (loss) from agents' or premium balances charged off [(amount recovered				
	\$) (amount charged off \$		0	0	
29.	Aggregate write-ins for other income or expenses	II		(2,291,581)	
	Net income or (loss) after capital gains tax and before all other federal income taxes			, , , ,	
	(Lines 24 plus 27 plus 28 plus 29)	xxx	170 202 354	129,461,690	
31		XXX	l l	49,292,994	
i	Net income (loss) (Lines 30 minus 31)	XXX	126,689,995	80,168,696	
	S OF WRITE-INS	7000	120,000,000	00,100,000	
	S OF WRITE-ING	vvv		0	
0602.					
0603.					
0698.	, ,	i	0	0	
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	
		i			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	
0799.	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	
1401.					
1402.					
1403.					
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	
2901.	Fines and penalties		(46,509)	(2,291,581)	
2902.	'				
2903.					
		1	, T.	0	
2998.	Summary of remaining write-ins for Line 29 from overflow page			U	



STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EXPENSES		2
		Current Year	Prior Year
	CAPITAL & SURPLUS ACCOUNT		
	OAI TIAL & GOIN LOG AGGGGINT		
33.	Capital and surplus prior reporting year	313,738,460	283 , 231 , 632
34.	Net income or (loss) from Line 32	126,689,995	80 , 168 , 696
35.	Change in valuation basis of aggregate policy and claim reserves		0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0
38.	Change in net deferred income tax	(2,241,755)	619,025
39.	Change in nonadmitted assets	(237, 206)	(280,893)
40.	Change in unauthorized and certified reinsurance	0	0
41.	Change in treasury stock	0	0
42.	Change in surplus notes	0	0
43.	Cumulative effect of changes in accounting principles		0
44.	Capital Changes:		
	44.1 Paid in	0	0
	44.2 Transferred from surplus (Stock Dividend)		0
	44.3 Transferred to surplus		0
45.	Surplus adjustments:		
	45.1 Paid in	0	0
	45.2 Transferred to capital (Stock Dividend)	0	0
	45.3 Transferred from capital		0
46.	Dividends to stockholders	(75,000,000)	(50,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	49,211,034	30,506,828
49.	Capital and surplus end of reporting year (Line 33 plus 48)	362,949,494	313,738,460
DETAIL	S OF WRITE-INS		
4701.			0
4702.			0
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page	.	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0



CASH FLOW

	CASH FLOW	1 1	2
	Cash from Operations	Current Year	Prior Year
	Premiums collected net of reinsurance		
	Net investment income	1	, ,488 , / 10
	Miscellaneous income		0
4.	Total (Lines 1 through 3)	2,966,079,587	2,882,401,465
5.	Benefit and loss related payments		2,447,956,430
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
	Commissions, expenses paid and aggregate write-ins for deductions		178,002,196
	Dividends paid to policyholders		
	Federal and foreign income taxes paid (recovered) net of \$tax on capital gains (losses)	52,202,583	50,015,071
	Total (Lines 5 through 9)		2,675,973,697
11.	Net cash from operations (Line 4 minus Line 10)	(6,113,476)	206,427,768
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		_
	12.2 Stocks		0
	12.3 Mortgage loans		0
	12.4 Real estate		0
	12.5 Other invested assets		0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0
	12.7 Miscellaneous proceeds		0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	31,786,246	39 , 230 , 958
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		
	13.2 Stocks		
	13.3 Mortgage loans		0
	13.4 Real estate		0
	13.5 Other invested assets		0
	13.6 Miscellaneous applications		0 10 010 150
	13.7 Total investments acquired (Lines 13.1 to 13.6)		213,319,456
14.	Net increase (decrease) in contract loans and premium notes	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(79,419,296)	(174,088,498
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		0
	16.2 Capital and paid in surplus, less treasury stock		0
	16.3 Borrowed funds		0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
	16.5 Dividends to stockholders	(()	50,000,000
	16.6 Other cash provided (applied)		56,288,588
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(104,855,197)	6,288,588
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	[38 , 627 , 858
19.	Cash, cash equivalents and short-term investments:	<u> </u>	
	19.1 Beginning of year		
	19.2 End of year (Line 18 plus Line 19.1)	450,454,935	640,842,904



ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		ANALISI	3 OF OF ER	AHONS B	I LINLS OI	DOSINES	3			
	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefit Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
Net premium income	3.025.063.757	iviedicai)	Supplement	Offity	Offity	Deficill Flair	181.666.542	2.771.000.788	72.396.427	Non-nealth
Net premium income Change in unearned premium reserves and reserve for rate			0		0	L	101,000,342	2,771,000,700	12,000,421	
credit	(1,663,993)							(1,663,993)		
3. Fee-for-service (net of \$										
medical expenses)	0									XXX
4. Risk revenue	0									XXX
Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(
7. Total revenues (Lines 1 to 6)	3,023,399,764	0	0	0	0	0	181,666,542	2,769,336,795	72,396,427	
Hospital/medical benefits	1,466,477,025	0					119,083,632	1,347,393,393		XXX
Other professional services	215 , 757 , 865						882,199	214,875,666		XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	200 , 178 , 023							192,598,595		XXX
12. Prescription drugs	653,525,974						9,177,305	592,044,659	52,304,010	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0 [.	XXX
14. Incentive pool, withhold adjustments and bonus amounts	3,167,838						3.394.279	(226,441)		XXX
15. Subtotal (Lines 8 to 14)	2.539.106.725	0	0	0	0	0	140.116.843	2.346.685.872	52.304.010	XXX
16. Net reinsurance recoveries	(260,628)						(253,825)	(6,803)		XXX
17. Total hospital and medical (Lines 15 minus 16)	2,539,367,353	0	0	0	0	0	140,370,668	2,346,692,675	52,304,010	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Claims adjustment expenses including										
\$17,141,118 cost containment expenses	40 , 205 , 452						2.287.723	37.093.941	823.788	
20. General administrative expenses	290,862,452						14.876.024	266,917,156	9.069.272	
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	2,870,435,257	0	0	0	0	0	157,534,415	2,650,703,772	62,197,070	
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	152,964,507	0	0	0	0	0	24, 132, 127	118,633,023	10,199,357	
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	n	XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	n	0	0	0	XXX
	U	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602. 0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
	^	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	ا ۵	XXX	XXX	XXX		XXX				
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	***	ХХХ	***	XXX	***	XXX	XXX	XXX	1001
1301.										XXX
1302.						ļ	 			XXX
1303.							-			XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	ļ0	ļ0 ļ.	0	0	XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	1 0	1 01	0	0	XXX



PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)				0
Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan				0
6. Title XVIII - Medicare	181,650,208	24,034	7,700	181,666,542
7. Title XIX - Medicaid	2,771,275,397	0	274,609	2,771,000,788
8. Other health	72,396,427			72,396,427
9. Health subtotal (Lines 1 through 8)	3,025,322,032	24,034	282,309	3,025,063,757
10. Life				0
11. Property/casualty				0
12. Totals (Lines 9 to 11)	3,025,322,032	24,034	282,309	3,025,063,757

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 – CLAIMS INCURRED DURING THE YEAR

PART 2 – CLAIMS INCURRED DURING THE YEAR										
	1	2 Comprehensive (Hospital &	3 Medicare	4 Dental	5 Vision	6 Federal Employees Health	7 Title XVIII	8 Title XIX	9	10 Other Non-
	Total	Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Other Health	Health
1. Payments during the year:		,	''	•						
1.1 Direct	2,545,768,857	131,198					132,875,362	2,355,484,197	57, 278, 100	
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	(146,746)						(253,825)			
1.4 Net	2,545,915,603	131,198	0	0		0	133 , 129 , 187	2,355,377,118	57 , 278 , 100	
2. Paid medical incentive pools and bonuses	(4,684,126)						1,512,259	(6, 196, 385)	0	
Claim liability December 31, current year from Part 2A: 3.1 Direct	312,532,200	0	0	0			20,620,383	287,827,907	4,083,910	
3.2 Reinsurance assumed		0	n l	۰ ۱		n	20,020,303	207,027,307		
3.3 Reinsurance ceded	0	0	n l	ں ۱		0	n	n	n	
3.4 Net	312,532,200	n l	n l	0		0	20,620,383	287 ,827 ,907	4,083,910	
4. Claim reserve December 31, current year from Part 2D:							20,020,000	201,021,001	1,000,010	
4.1 Direct	0				-			-		
4.2 Reinsurance assumed	0				-			-		
4.3 Reinsurance ceded		⁰				0	ļ	0 -		
4.4 Net	U			0		0		U		
5. Accrued medical incentive pools and bonuses, current year	7,851,964						1,882,020	5,969,944	0	
6. Net healthcare receivables (a)	6,423,776						2,448,432	(1,419,352)	5,394,696	
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:	245 020 202	424 200	0	0			44 204 744	207 040 444	2 002 204	
8.1 Direct	315,938,392	131,200					14,324,744	297 ,819 ,144	3,663,304	
8.2 Reinsurance assumed							ļ	u	U	
8.4 Net	315,938,392	131,200				0	14,324,744	297,819,144	3,663,304	
9. Claim reserve December 31, prior year from Part 2D:		131,200	Ψ	U			14,324,744	237,013,144		
9.1 Direct	0	0	0	0			0		0	
9.2 Reinsurance assumed	0	0	n	0		0	0	0	0	
9.3 Reinsurance ceded	0	0	0	0		0	0	0	0	
9.4 Net	0	0	0	0		0 0	0	0	0	
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0		0	0	0	0	
11. Amounts recoverable from reinsurers December 31, prior year	113,882	0	0	0				113,882	0	
12. Incurred benefits:		U	0	0					0	'
12.1 Direct	2,535,938,889	(2)	0	0		0	136,722,569	2,346,912,312	52,304,010	
12.2 Reinsurance assumed	0	0	0	0		0	0	0	0	
12.3 Reinsurance ceded	(260,628)	0	0	0		0 0	(253,825)	(6,803)	0	
12.4 Net	2,536,199,517	(2)	0	0		0 0	136,976,394	2,346,919,115	52,304,010	
13. Incurred medical incentive pools and bonuses	3,167,838	0	0	0		0 0	3,394,279	(226,441)	0	

⁽a) Excludes \$

loans or advances to providers not yet expensed.



PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital and Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
Reported in Process of Adjustment:										
1.1. Direct	140,569,633						6,307,374	130 , 178 , 349	4,083,910	
1.2. Reinsurance assumed	0									
1.3. Reinsurance ceded	0									
1.4. Net	140,569,633	0	0	0	0	0	6,307,374	130 , 178 , 349	4,083,910	0
2. Incurred but Unreported:										
2.1. Direct	171,962,567						14,313,009	157 ,649 ,558		
2.2. Reinsurance assumed	0									
2.3. Reinsurance ceded	0									
2.4. Net	171,962,567	0	0	0	0	0	14,313,009	157 , 649 , 558	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1. Direct	0						-			
3.2. Reinsurance assumed	0						-			
3.3. Reinsurance ceded	0									
3.4. Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1. Direct	312,532,200	0	0	0	0	0	20,620,383	287 ,827 ,907	4,083,910	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4. Net	312,532,200	0	0	0	0	0	20,620,383	287,827,907	4,083,910	0



PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR-NET OF REINSURANCE Claim Reserve and Claim 5 6											
	01.1				5	6					
	Claims Paid L	Ouring the Year	Liability December 31 of Current Year			, , , , , , , ,					
	1	2	3	4		Estimated Claim					
			0 01 1 11 11			Reserve and Claim					
	On Claims Incurred		On Claims Unpaid		Claims Incurred	Liability					
	Prior to January 1	On Claims Incurred	December 31 of	On Claims Incurred	in Prior Years	December 31 of					
Line of Business	of Current Year	During the Year	Prior Year	During the Year	(Columns 1 + 3)	Prior Year					
	104 100				,,,,,,						
Comprehensive (hospital and medical)	131 , 198				131 , 198	131 , 198					
Medicare Supplement					J	J0					
					_						
3. Dental Only		 			J	J					
					1						
4. Vision Only		+			ļ	J					
					_	_					
Federal Employees Health Benefits Plan		ļ			JU	JU					
9 TH NAME OF THE PARTY OF THE P	0 404 040	400 000 470	000 400	40 700 047	10 011 010	44 204 740					
6. Title XVIII - Medicare	9,431,212	126,263,473	883,436	19,736,947	10,314,648	14,324,749					
7. Title XIX - Medicaid	199,246,606	2,162,405,879	44,619,307	243,208,600	243,865,913	297 ,819 ,141					
7. Title XIX - Medicaid.	199,240,000	2, 102,403,079	44,019,307	243,200,000	243,000,913	297 ,019 ,141					
8. Other health		74.822.416	471,510	3,612,400	3,638,852	3,663,304					
8. Other health		14,022,410	471,310								
9. Health subtotal (Lines 1 to 8)	211,976,358	2,363,491,768	45.974.253	266,557,947	257,950,611	315,938,392					
9. Health subtotal (Lines 1 to 8)		2,303,491,700	45,974,255	200,007,947	237,930,011						
10. Healthcare receivables (a)	127.920	35.734.499			127.920	n					
10. Healthcare receivables (a)	127 ,920				121,920	J					
11. Other non-health					<u></u>	n					
11. Quiet Horriteatul		†			U	l					
12. Medical incentive pools and bonus amounts	(6,509,579)	1.825.453	3.044.055	4,807,910	(3,465,524)	n					
12. Medical incentive pools and bottus amounts	. [(0,509,579)	1,023,433		4,007,910	[(3,403,324)	J					
13. Totals (Lines 9-10+11+12)	205,338,859	2,329,582,722	49,018,308	271,365,857	254,357,167	315,938,392					
13. 10tais (Lilies 3-10+11+12)	200,330,039	2,328,302,722	49,010,300	271,300,007	204,007,107	310,930,392					

(a) Excludes \$loans or advances to providers not yet expensed.



PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A – Paid Health Claims - Hospital and Medical

	Cumulative Net Amounts Paid						
	1	2	3	4	5		
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018		
1. Prior	266,262	266, 262	266,262	266,262	266, 262		
2. 2014	87,006	91,520	91,520	91,520	91,520		
3. 2015	XXX	0	(149)	(149)	(149)		
4. 2016	XXX	XXX	238	323	323		
5. 2017	XXX	XXX	ХХХ	0	131		
6. 2018	XXX	XXX	XXX	XXX	0		

Section B - Incurred Health Claims - Hospital and Medical

Cotton 2 mount of mount of mount of mounts and mount of mounts and mounts of					
	Claim F	Sum of Cumulat Reserve and Medical In	ive Net Amount Paid an centive Pool and Bonus	nd Claim Liability, ses Outstanding at End	of Year
Year in Which Losses Were Incurred	1 2014	2 2015	3 2016	4 2017	5 2018
Teal III WHICH LOSSES Were Incurred	2014	2015	2010	2017	2010
1. Prior	266,602	266,602	266,602	266,602	266,602
2. 2014.	91,195	91,730	91,520	91,520	91,520
3. 2015	XXX	0	51	(149)	(149)
4. 2016	XXX	ХХХ	245	455	323
5. 2017.	XXX	ДХХХ	LXXX	0	131
6. 2018	XXX	ХХХ	XXX	XXX	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Hospital and Medical

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
					Adjustment				Claims	
Years in which			Claim Adjustment		Expense			Unpaid Claims	Adjustment	
Premiums were Earned and Claims			Expense	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payments	Payments	Percent	(Col. 2+3)	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2014	92,961	91,520		0.0	91,520	98.4			91,520	98.4
2. 2015	(1,481)	(149)		0.0	(149)	10.1			(149)	10.1
3. 2016	(22)	323		0.0	323	(1,468.2)			323	(1,468.2)
4. 2017	(9)	131		0.0	131	(1,455.6)			131	(1,455.6)
5. 2018	, ,	0		0.0	0	0.0			0	0.0



PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Medicare

		Cur	mulative Net Amounts P	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018
1. Prior	19,367	19,367	19,367	19,367	19,367
2. 2014	35,304	42,455	42,455	42,455	42,455
3. 2015	XXX	63,320	72,251	72,251	72,251
4. 2016	XXX	XXX	74,970	83,878	83,878
5. 2017	XXX	XXX	XXX	92,869	102,098
6. 2018	XXX	XXX	XXX	XXX	122,964

Section B - Incurred Health Claims - Medicare

	Claim F	Sum of Cumulat Reserve and Medical In	ive Net Amount Paid an centive Pool and Bonus	nd Claim Liability, ses Outstanding at End	of Year
Year in Which Losses Were Incurred	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	19,368	19,367	19,367	19,367	19,367
2. 2014	42,520	42,701	42,455	42,455	42,455
3. 2015	XXX	73,310	72,681	72,251	72,251
4. 2016	XXX	ДХХХ		84,326	83,878
5. 2017	XXX	LXXX	LXXX	106,746	103,306
6. 2018	XXX	XXX	XXX	XXX	144,258

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
					Adjustment				Claims	
Years in which			Claim Adjustment		Expense			Unpaid Claims	Adjustment	
Premiums were Earned and Claims			Expense	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payments	Payments	Percent	(Col. 2+3)	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2014	39,793	42,455		0.0	42,455	106.7			42,455	106.7
2. 2015	81,687	72,251		0.0	72,251	88.4			72,251	88.4
3. 2016	101,647	83,878		0.0	83,878	82.5			83,878	82.5
4. 2017	122,110	102,098		0.0	102,098	83.6	1,208		103,306	84.6
5. 2018	181,667	122,964	2,211	1.8	125,175	68.9	21,294	170	146,639	80.7



PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Title XIX Medicaid

		Cur	mulative Net Amounts F	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018
1. Prior	1,675,213	1,675,213	1,675,213	1,675,213	1,675,213
2. 2014	1,598,463	1,785,392	1,785,392	1,785,392	1,785,392
3. 2015	XXX	1,942,749	2,133,482	2,133,482	2,133,482
4. 2016	XXX	XXX	2,080,675	2,258,299	2,258,299
5. 2017	XXX	XXX	XXX	2,093,270	2,286,081
6. 2018	XXX	XXX	XXX	XXX	2,157,903

Section B - Incurred Health Claims - Title XIX Medicaid

	Claim F	Sum of Cumulat Reserve and Medical In	ive Net Amount Paid an centive Pool and Bonus	of Year	
Year in Which Losses Were Incurred	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	1,691,574	1,675,213	1,675,213	1,675,213	1,675,213
2. 2014	1,855,555	1,816,108	1,785,392	1,785,392	1,785,392
3. 2015	XXX	2,212,367	2,165,830	2,133,482	2,133,482
4. 2016	XXX	XXX	2,330,622	2,314,364	2,258,299
5. 2017	XXX	XXX	XXX	2,335,024	2,333,420
6. 2018	XXX	XXX	XXX	XXX	2,404,362

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX Medicaid

	1	2	3	4	5 Claim and Claim Adjustment	6	7	8	9 Total Claims and Claims	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Expense Payments (Col. 2+3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2014.	1,718,865	1,785,392	. aymone	0.0	1,785,392	103.9	Olainio Olipaia	2.001.000	1,785,392	103.9
2. 2015	2,612,409	2,133,482		0.0	2,133,482	81.7			2,133,482	81.7
3. 2016	2,590,509	2,258,299		0.0	2,258,299	87.2			2,258,299	87 . 2
4. 2017	2,609,465	2,286,081		0.0	2,286,081	87.6	47 ,339		2,333,420	89.4
5. 2018	2,771,001	2,157,903	36,961	1.7	2,194,864	79.2	246,459	1,793	2,443,116	88.2



PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Other

		Cur	mulative Net Amounts F	aid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018
1. Prior	244,470	244,470	244,470	244,470	244,470
2. 2014.	70,136	71,086	71,086	71,086	71,086
3. 2015.	. XXX	51,418	51,651	51,651	51,651
4. 2016.	. XXX	XXX	33,870	36,743	36,743
5. 2017	. XXX	XXX	ХХХ	63,239	66,406
6. 2018	XXX	XXX	XXX	XXX	48,716

Section B - Incurred Health Claims - Other

	Claim F	Sum of Cumulat Reserve and Medical In	of Year		
Year in Which Losses Were Incurred	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	244,470	244,470	244,470	244,470	244,470
2. 2014	72,086	71,086	71,086	71,086	71,086
3. 2015	XXX	52,573	51,651	51,651	51,651
4. 2016	XXX	XXX	36,787	36,743	36,743
5. 2017.	XXX	LXXX	<u></u>	66,902	66,878
6. 2018	XXX	XXX	XXX	XXX	52,328

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

	1	2	3	4	5	6	7	8	9	10	1
					Claim and Claim				Total Claims and		1
					Adjustment				Claims		
Years in which			Claim Adjustment		Expense			Unpaid Claims	Adjustment		
Premiums were Earned and Claims			Expense	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)	
were Incurred	Premiums Earned	Claims Payments	Payments	Percent	(Col. 2+3)	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent	
1. 2014	79,823	71,086		0.0	71,086	89.1			71,086	89.1	
2. 2015	70,564	51,651		0.0	51,651	73.2			51,651	73.2	
3. 2016	61,265	36,743		0.0	36,743	60.0			36,743	60.0	
4. 2017	80,338	66,406		0.0	66,406	82.7	472		66,878	83.2	
5. 2018	72,396	48,716	824	1.7	49,540	68.4	3,612		53,152	73.4	İ



PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Grand Total

		Cur	mulative Net Amounts F	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2014	2015	2016	2017	2018
1. Prior	2,205,312	2,205,312	2,205,312	2,205,312	2,205,312
2. 2014	1,790,909	1,990,453	1,990,453	1,990,453	1,990,453
3. 2015	XXX	2,057,487	2,257,235	2 , 257 , 235	2 , 257 , 235
4. 2016	XXX	XXX	2,189,753	2,379,243	2,379,243
5. 2017	XXX	XXX	XXX	2,249,378	2,454,716
6. 2018	XXX	XXX	XXX	XXX	2,329,583

Section B - Incurred Health Claims - Grand Total

	Claim F	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year					
Year in Which Losses Were Incurred	1 2014	2 2015	3 2016	4 2017	5 2018		
1. Prior	2,222,014	2,205,652	2,205,652	2,205,652	2,205,652		
2. 2014.	2,061,356	2,021,625	1,990,453	1,990,453	1,990,453		
3. 2015	XXX	2,338,250	2,290,213	2,257,235	2 , 257 , 235		
4. 2016	XXX	XXX	2,453,945	2,435,888	2,379,243		
5. 2017	XXX	XXX	ДХХХ	2,508,672	2,503,735		
6. 2018	XXX	XXX	XXX	XXX	2,600,948		

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	1
						Adjustment				Claims	1
	Years in which			Claim Adjustment		Expense			Unpaid Claims	Adjustment	1
	Premiums were Earned and Claims			Expense	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payments	Payments	Percent	(Col. 2+3)	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 20	14	1,931,442	1,990,453	0	0.0	1,990,453	103 . 1	0	0	1,990,453	103.1
2. 20	15	2,763,179	2 , 257 , 235	٥	0.0	2,257,235	81.7	0	0	2,257,235	81.7
3. 20	16	2,753,399	2,379,243	0	0.0	2,379,243	86.4	0	0	2,379,243	86.4
4. 20	17	2,811,904	2,454,716	l0	0.0	2,454,716	87.3	49,019	0	2,503,735	89.0
5. 20	18	3,025,064	2,329,583	39,996	1.7	2,369,579	78.3	271,365	1,963	2,642,907	87.4



PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	PART 2D - AGGRE	GATE RESERV	E FOR ACCIDE	NI AND HEALI	H CONTRACTS	i			
	1	2	3	4	5	6	7	8	9
		Comprehensive				Federal Employees			
		(Hospital &	Medicare			Health Benefit	Title XVIII	Title XIX	
	Total	Medical)	Supplement	Dental Only	Vision Only	Plan	Medicare	Medicaid	Other
Unearned premium reserves	0								
Additional policy reserves (a)	0								
Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including									
\$ for investment income)	13,820,946						192,956	1,588,083	12,039,907
Aggregate write-ins for other policy reserves		0	0	0	0	0	0	0	0
6. Totals (gross)	13,820,946	0	0	0	0	0	192,956	1,588,083	12,039,907
7. Reinsurance ceded	0								
8. Totals (Net) (Page 3, Line 4)	13,820,946	0	0	0	0	0	192,956	1,588,083	12,039,907
Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page		0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ _____ premium deficiency reserve.



PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustm	ent Expenses	3	4	5
		1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$for occupancy of own building)	387 , 541 .	521,459	4 ,846 ,619		5 , 755 , 619
2.	Salaries, wages and other benefits	7 ,858 ,837	10 , 574 , 506	94,840,052		113,273,395
3.	Commissions (less \$ceded plus					
	\$assumed)			3,143,081		3,143,081
4.	Legal fees and expenses	173,677	233,692	1 ,676 ,596		2,083,965
5.	Certifications and accreditation fees					0
6.	Auditing, actuarial and other consulting services	62,050	83,492	748,401		893,943
7.	Traveling expenses	145,795	196 , 175	2,350,727		2,692,697
8.	Marketing and advertising	96,516	129,867	2,258,352		2,484,735
9.	Postage, express and telephone	540 , 162	726,818	6,195,393		7,462,373
10.	Printing and office supplies	751,485	1 ,011 , 166	9,361,014		11,123,665
11.	Occupancy, depreciation and amortization	410,406	552,224	4,070,700		5,033,330
12.	Equipment	23,997	32,289	267,231		323,517
13.	Cost or depreciation of EDP equipment and software	1 ,529 ,749	2,058,363	14,744,819		18,332,931
14.	Outsourced services including EDP, claims, and other services	3,662,894	4,928,629	41,902,189		50,493,712
15.	Boards, bureaus and association fees	874,925	1 , 177 , 261	8,918,077		10,970,263
16.	Insurance, except on real estate	107,611	144,796	1,151,243		1,403,650
17.	Collection and bank service charges	21,876	29 , 435	455,508		506,819
18.	Group service and administration fees					0
19.	Reimbursements by uninsured plans					0
20.	Reimbursements from fiscal intermediaries					0
21.	Real estate expenses					0
22.	Real estate taxes					0
23.	Taxes, licenses and fees:					
	23.1 State and local insurance taxes			5 ,271 ,688		5,271,688
	23.2 State premium taxes					0
	23.3 Regulatory authority licenses and fees			27 ,738 ,405		27 , 738 , 405
	23.4 Payroll taxes	489,044	658,036	6,018,792		7 , 165 , 872
	23.5 Other (excluding federal income and real estate taxes)	4,553	6 , 126	54,903,565		54,914,244
24.	Investment expenses not included elsewhere					0
25.	Aggregate write-ins for expenses	0	0	0	0	0
26.	Total expenses incurred (Lines 1 to 25)	17 , 141 , 118	23,064,334	290 , 862 , 452	0	(a)331,067,904
27.	Less expenses unpaid December 31, current year		1,963,074	37 , 287 , 323		39 , 250 , 397
28.	Add expenses unpaid December 31, prior year	0	1,753,563	34,723,255	0	36,476,818
29.	Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30.	Amounts receivable relating to uninsured plans, current year					0
31.	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	17,141,118	22,854,823	288,298,384	0	328,294,325
DETAIL	S OF WRITE-INS					
2501.						0
2502.						0
2503.						
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599.	Totals (Line 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$235,048,950 to affiliates and \$



EXHIBIT OF NET INVESTMENT INCOME

	EXHIBIT OF NET INVESTMENT IN	COME	
		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a)59,318	111,349
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)		5,141,404
1.3	Bonds of affiliates		
2.1	Preferred stocks (unaffiliated)	(b)0	
2.11	Preferred stocks of affiliates	(b)0	
2.2	Common stocks (unaffiliated)	0	
2.21	Common stocks of affiliates	00	
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments		12,259,439
7.	Derivative instruments		
8.	Other invested assets		
9.	Aggregate write-ins for investment income		0
10.	Total gross investment income	18,115,932	17,512,192
11.	Investment expenses		
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		
14.	Depreciation on real estate and other invested assets		
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)		17,512,192
DETA	LS OF WRITE-INS		
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	00
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0
(b) Incl (c) Incl (d) Incl (e) Incl (f) Incl (g) Incl seg	udes \$	paid for accrued paid for accrued paid for accrued ton encumbrances.	d dividends on purchases. d interest on purchases. d interest on purchases.
	udes \$	to	
(I) INC	udes \$ depreciation on other invested asse	15.	

EXHIBIT OF CAPITAL GAINS (LOSSES)

	LAHDH				U)	
		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	(190,123)		(190, 123)		
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)			0	0	0
2.11	Preferred stocks of affiliates			0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate	0	0	0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments	(37 , 714)		(37,714)	0	0
7.	Derivative instruments					
8.	Other invested assets			0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	(227,837)	0	(227,837)	0	0
DETAI	LS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

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EXHIBIT OF NONADMITTED ASSETS

		1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1	Bonds (Schedule D)		0	(601. 2 - 601. 1)
	Stocks (Schedule D):			
	2.1 Preferred stocks	0	0	0
		0	0	0
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens	0	0	0
	3.2 Other than first liens		0	0
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company	0	0	0
	4.2 Properties held for the production of income	0	0	0
	4.3 Properties held for sale	0	0	0
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and			
	short-term investments (Schedule DA)	0	0	0
6.	Contract loans	0	0	0
7.	Derivatives (Schedule DB)			0
1	Other invested assets (Schedule BA)		0	0
1	Receivables for securities			0
ı	Securities lending reinvested collateral assets (Schedule DL)			0
	Aggregate write-ins for invested assets			0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13.	Title plants (for Title insurers only)	0	0	0
14.	Investment income due and accrued	0	0	0
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
16.	15.3 Accrued retrospective premiums and contracts subject to redetermination Reinsurance:	0	0	0
	16.1 Amounts recoverable from reinsurers		i	0
	16.2 Funds held by or deposited with reinsured companies		0	0
		0		0
	Amounts receivable relating to uninsured plans		0	0
	Current federal and foreign income tax recoverable and interest thereon			0
1	Net deferred tax asset		0	(6,045)
	Guaranty funds receivable or on deposit			0
	Electronic data processing equipment and software			0
	Furniture and equipment, including health care delivery assets			0
	Net adjustment in assets and liabilities due to foreign exchange rates			0
	Receivables from parent, subsidiaries and affiliates			
	Health care and other amounts receivable		142,311	, ,
	Aggregate write-ins for other-than-invested assets			(163,162)
26.	Total assets excluding Separate Accounts, Segregated Accounts and	2 074 446	1 026 040	(227, 206)
0.7	Protected Cell Accounts (Lines 12 to 25)	2,074,110	1,836,910	(237,206)
	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0.074.440	4 000 040	(227, 200)
	Total (Lines 26 and 27)	2,074,116	1,836,910	(237, 206)
	LS OF WRITE-INS		0	0
				0
1103.			i	
	Summary of remaining write-ins for Line 11 from overflow page		0	
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	422 210	/FC F00\
i	Other non-admitted assets (prepaids)			(56,509)
i	ASO prepayments.	i i	1,078,053	(7,303)
i	Deposits with providers		183,227	(99,350)
İ	Summary of remaining write-ins for Line 25 from overflow page		1 004 500	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,857,761	1,694,599	(163,162)



EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

		7	Total Members at End o	f		6
Source of Enrollment	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
Health Maintenance Organizations	457 ,395	470,742	467 ,800	461,626	457 ,771	5 , 583 , 20
Provider Service Organizations	0					
Preferred Provider Organizations	0					
4. Point of Service.	0					
5. Indemnity Only						
Aggregate write-ins for other lines of business.	101,766	94,936	93,648	94,006	93,873	1 , 128 , 45
7. Total	559,161	565,678	561,448	555,632	551,644	6,711,65
ETAILS OF WRITE-INS						
601. Medicare Part D	101,766	94,936	93,648	94,006	93,873	1 , 128 , 4
602.	0					
9603.						
1698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	101,766	94.936	93,648	94.006	93,873	1,128,4





EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals				-		
Group subscribers:						
						ļ
						ļ
		.				
		-				
		-				
		-	·			·····
						·····
		·				·····
		<u> </u>				
		1				
0299997 Group subscriber subtotal		0	0	0	0	[0
0299998 Premiums due and unpaid not individually listed						
0299998 Premiums due and unpaid not individually listed 0299999 Total group 0399999 Premiums due and unpaid from Medicare entities		0	ļ0	0	J0	0
039999 Premiums due and unpaid from Medicare entities			663,414	6,710,592		8,714,400
0499999 Premiums due and unpaid from Medicaid entities	5,778,351	2,933,811	1,794,043	3,987,369		14,493,574
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	6,843,988	3,596,604	2,457,457	10,697,961	1 0	23,596,010



0799999 Gross Health Care Receivables



EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables					•	
0199998 - Aggregate of amounts not individually listed above. 0199999 - Pharmaceutical Rebate Receivables Claim Overpayment Receivables	32,578,278		3,073,831	18,431	18,431	35,652,109
0199999 - Pharmaceutical Rebate Receivables	32,578,278		3,073,831	18,431	18,431	35,652,109
Claim Overpayment Receivables	. , ,		.,,	-, -		
0299998 - Aggregate of amounts not individually listed above.				191,879	191,879	
0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables	0		0		191,879	0
Loans and Advances to Providers				,	,	
Capitation Arrangement Receivables						
Capitation Arrangement Receivables Risk sharing Receivables						
Other Receivables						
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		-				
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32,578,278

3,073,831

210,310

35,652,109



EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected the Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	38,404,630	107 , 174 , 291		35,670,540	38,404,630	29 , 160 , 725
Claim overpayment receivables	99,998		127,919	63,960	227 ,917	277 ,917
Loans and advances to providers					0	
Capitation arrangement receivables					0	
Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	38,504,628	107,174,291	127,919	35,734,500	38,632,547	29,438,642

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.





EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims										
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total				
Claims Unpaid (Reported)	1 - 30 Days	31 - 00 Days	01 - 90 Days	91 - 120 Days	Over 120 Days	- I Olai				
Ciains Oripaid (Reported)										
0199999 Individually listed claims unpaid	0 1	0	0	0	0	(
0299999 Aggregate accounts not individually listed-uncovered						(
0399999 Aggregate accounts not individually listed-covered	48,744,484	3,640,532	8,252,919	7,121,212	72,810,486	140,569,633				
0499999 Subtotals	48,744,484	3,640,532	8,252,919	7,121,212	72,810,486	140,569,633				
0599999 Unreported claims and other claim reserves	1 - 7 / - 1	.,,	-, -, -, -		, , , , , ,	171,962,567				
0699999 Total amounts withheld						, , , , , , , , , , , , , , , , , , , ,				
0799999 Total claims unpaid						312,532,20				
0899999 Accrued medical incentive pool and bonus amounts						7.851.96				

N



EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Comprehensive Health Management, Inc.	3,267,228					3,267,228	
				ļ			
				†			
				 			
				ł			
0400000	2 267 220	^	<u></u>	1		3,267,228	
0199999 Individually listed receivables	3,267,228	U	J	ļ	J	3,207,228	J
UZ99999 Receivables not individually listed	2 007 000	0				2 207 200	
0399999 Total gross amounts receivable	3,267,228	0	1 0	0	1 0	3,267,228	0



EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
WellCare Prescription Insurance, Inc	Affiliated Insurer	34,786,884	34,786,884	
0199999 Individually listed payables		 34,786,884	34,786,884	
0299999 Payables not individually listed		7,834	7,834	
0399999 Total gross payables		34,794,718	34,794,718	(



EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	113,022,867	4.4	551,644	100.0		113,022,867
2. Intermediaries	0	0.0		0.0		
3. All other providers	0			0.0		
4. Total capitation payments	113,022,867	4.4	551,644	100.0	0	113,022,867
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX	•	
6. Contractual fee payments		95.7	XXX	XXX	,	2,432,745,989
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	(4,684,126)	(0.2)	XXX	XXX		(4,684,126)
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	2,428,061,863	95.6	XXX	XXX	0	2,428,061,863
13. Total (Line 4 plus Line 12)	2,541,084,730	100 %	XXX	XXX	0	2,541,084,730

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	4	6		
NAME OF T		0 11 11 10 11	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NAIC Code	Name of Intermediary 0	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
					
					<u> </u>
					·····
					
9999999 Totals			XXX	XXX	l xxx



EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	<u> </u>	1	2	3	4	5	6				
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets				
2000.p.c		3331	proveniente	200.00.00.0		710	110171011111007100010				
Administrative furniture and equipment											
Medical furniture, equipment and fixtures											
Pharmaceuticals and surgical supplies											
Durable medical equipment											
5. Other property and equipment											
6. Total		0	0	0	0	0	0				

AttackANNIVALSTATEMENT FOR THE YEARS ALL OF THE WELL are Health Insurance Company of Ke NOTES TO FINANCIAL STATEMENT



1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of WellCare Health Insurance Company of Kentucky, Inc. (the "Company"), domiciled in the state of Kentucky, are presented on the basis of accounting practices prescribed or permitted by the Kentucky Department of Insurance (the "Department").

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Kentucky for determining and reporting the financial condition, results of operations, and cash flows of an insurance company for determining its solvency under Kentucky insurance law. The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the state of Kentucky.

A reconciliation of the Company's net income (loss) and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Kentucky is shown below:

			F/S	F/S		
		SSAP#	Page	Line#	2018	2017
	NET INCOME					
1	Company state basis (Page 4, Line 32, Columns 2&3)	XXX	XXX	XXX	\$ 126,689,995	\$ 80,168,696
2	State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
	None		_	_		
3	State Permitted Practices that are an increase/ (decrease) from NAIC SAP:					
	None		_	_		
4	NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 126,689,995	\$ 80,168,696
	SURPLUS					
5	Company state basis (Page 3, Line 33, Columns 3&4)	XXX	XXX	XXX	\$ 362,949,494	\$ 313,738,460
6	State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
	None			_	_	_
7	State Permitted Practices that are an increase/ (decrease) from NAIC SAP:					
	None		_	_		_
8	NAIC SAP (5-6-7=8)	XXX	XXX	xxx	\$ 362,949,494	\$ 313,738,460

B. Uses of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in accordance with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The primary use of estimates are related to the Company's reserve for claims unpaid. Actual results could differ significantly from those estimates.

C Accounting Policy

Net Premium Income

The Company earns net premium income through participation in Medicaid, Medicaid-related and Medicare programs, including both the Medicare Advantage ("MA") and the Medicare Part D prescription drug program ("PDP"). Medicaid contracts with state agencies generally are multi-year contracts subject to annual renewal provisions, while Medicare contracts with the Center for Medicare and Medicaid Services ("CMS") renew annually. Medicare and Medicaid contracts establish fixed, monthly premium rates per member, which are generally determined at the beginning of each new contract renewal period; however, premiums may be adjusted by CMS and state agencies throughout the terms of the contracts in certain cases. Premium rate changes are recognized in the period the change becomes effective, when the effect of the change in the rate is reasonably estimable, and collection is assured.

Medicare Risk-Adjusted Premiums

CMS provides risk-adjusted payments for MA Plans and PDPs based on the demographics and health severity of enrollees. The riskadjusted premiums received are based on claims and encounter data submitted to CMS within prescribed deadlines. Estimates for riskadjusted premiums are developed utilizing historical experience, or other data, and predictive models as sufficient member risk score data becomes available over the course of each CMS plan year. Periodic changes to risk-adjusted premiums are recognized as net premium income when the amounts are determinable and collection is reasonably assured, which is possible as additional diagnosis code information is reported to CMS, when the ultimate adjustment settlements are received from CMS, or we receive notification of such settlement amounts. CMS adjusts premiums on two separate occasions on a retrospective basis.

AttackANNIVALSTATEMENT FOR THE YEARS ALL OF THE WELL are Health Insurance Company of Ke NOTES TO FINANCIAL STATEMENT



The first retrospective adjustment for a given plan year generally occurs during the third quarter of that year. This initial settlement represents the update of risk scores for the current plan year based on the severity of claims incurred in the prior plan year. CMS then issues a final retrospective risk adjusted premium settlement for that plan year in the following year. Historically, there have not been significant differences between estimates and amounts ultimately received. The data provided to CMS to determine members' risk scores is subject to audit by CMS even after the annual settlements occur. An audit may result in the refund of premiums to CMS. While experience to date has not resulted in a material refund, future refunds could materially reduce premium net premium income in the year in which CMS determines a refund is required and could be material to our financial statements.

Risk Corridor Provisions

MA and PDP premiums are subject to risk sharing through the CMS Medicare Part D risk corridor provisions. The risk corridor calculation compares actual experience to the target amount of prescription drug costs, limited to costs under the standard coverage as defined by CMS, less rebates included in the submitted plan year bid. The Company receives additional premium from CMS if actual experience is more than 5% above the target amount. The Company refunds premiums to CMS if actual experience is more than 5% below the target amount. Based on the risk corridor provision and PDP activity-to-date, an estimated risk-sharing receivable or payable is recorded as an adjustment to net premium income. After the close of the annual plan year, CMS performs the risk corridor calculation and any differences are settled between CMS and the Company. Historically, there have not been material differences between recorded estimates and the subsequent CMS settlement amounts.

Medicare Part D Settlements

The Company receives certain Part D prospective subsidy payments from CMS for MA and PDP members as a fixed monthly per member amount, based on the estimated costs of providing prescription drug benefits over the plan year, as reflected in bids. Approximately nine to ten months subsequent to the end of the plan year, or later in the case of the coverage gap discount subsidy, a settlement payment is made between CMS and the Company based on the difference between the prospective payments and actual claims experience. The subsidy components under Part D are described below:

Low-Income Cost Sharing Subsidy ("LICS")-For qualifying low-income subsidy members, CMS reimburses the Company for all or a portion of the low income subsidy member's deductible, coinsurance and co-payment amounts above the out-of-pocket threshold.

Catastrophic Reinsurance Subsidy-CMS reimburses the Company for 80% of the drug costs after a member reaches his or her out-ofpocket catastrophic threshold through a catastrophic reinsurance subsidy.

Coverage Gap Discount Subsidy ("CGDS")-CMS provides monthly prospective payments for pharmaceutical manufacturer discounts made available to members.

Catastrophic reinsurance subsidies and LICS subsidies represent cost reimbursements under the Medicare Part D program. The Company is fully reimbursed by CMS for costs incurred for these contract elements and, accordingly, there is no insurance risk to the Company. Therefore, amounts received for these subsidies are not considered net premium income, and are reported, net of the subsidy benefits paid, as deposits. Costs incurred over deposits received are recorded as a receivable for amounts paid for uninsured plans and deposits received in excess of costs incurred are recorded as liability for amounts held under uninsured plans. Historically, the settlement payments between the Company and CMS have not been materially different from our estimates.

CGDS advance payments are recorded as a receivable for amounts paid for uninsured plans. Receivables are set up for manufacturerinvoiced amounts. Manufacturer payments reduce the receivable as payments are received. After the end of the contract year, during the Medicare Part D Payment reconciliation process for the CGDS, CMS will perform a cost-based reconciliation to ensure the Medicare Part D sponsor is paid for gap discounts advanced at the point of sale, based on accepted prescription drug event data.

Medicare Minimum Loss Ratio ("MLR")

Beginning in 2014, the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (collectively, the "ACA"), requires the establishment of a minimum medical loss ratio ("MLR") for MA and PDP plans, requiring them to spend not less than 85% of premiums on medical benefits. The rules implementing the minimum MLR impose financial and other penalties for failing to achieve the minimum MLR, including requirements to refund to CMS shortfalls in amounts spent on medical benefits and termination of a plan's MA contract for prolonged failure to achieve the minimum MLR. MLR is determined by adding a plan's spending for clinical services, prescription drugs and other direct patient benefits, plus its total spending on quality improvement activities and dividing the total by earned premiums (after subtracting specific identified taxes and other fees). No refund was due or payable to CMS for this provision in 2018 or 2017.

Medicaid Minimum Loss Ratio

The Company's Medicaid contract with the Kentucky Department of Medicaid Services ("KDMS") for ACA expansion members includes a provision whereby, for each of the separate periods a) Calendar Year 2014, b) Calendar Year 2015, c) January 1, 2016 - June 30, 2016 the Company shares the risk with KDMS for any minimum loss ratio outside the Risk Corridor of 82%-92% of the premiums received related to allowable medical benefits expense, as defined in the contract ("Risk Corridor provision"). To the extent that the Company expends less than the minimum or more than the maximum percentage of the premiums, offset by allowable taxes and assessments, on allowable medical benefits expense, including allowable quality improvement expenses, in any contract year as required by the Risk Corridor provision, the Company is required to share 80% of the difference between the minimum (or maximum) and the actual medical benefits expense with KDMS. The Company's Medicaid contract with KDMS for Non ACA expansion members includes

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a provision whereby, for the State Fiscal year 2016 (7/1/15 through 6/30/16), the Company shares the risk with KDMS for any minimum loss ratio less than 85% of the premiums received. To the extent that the Company expends less than the minimum percentage of the premiums, offset by allowable taxes and assessments, on allowable medical benefits expense, including allowable quality improvement expenses, in this period as required by the Minimum MLR provision, the Company is required to refund 80% of the difference between the minimum and our actual allowable medical benefits expense with KDMS. Beginning July 1, 2016, the Company is required to expend 90% of the premiums for ACA and Non-ACA populations combined. To the extent that the Company expends less than the minimum percentage of the premiums, offset by allowable taxes and assessments, on allowable medical benefits expense, including allowable quality improvement expenses, in any State Fiscal year as required by the Minimum MLR provision, the Company is required to share all or some portion of the difference between the minimum and our actual allowable medical benefits expense with KDMS. If the allowable medical benefits expense ratio to premiums is less than 90% but greater than 86%, the company is required to share 75% of the difference with KDMS. If the allowable medical benefits expense ratio to premiums is less than or equal to 86% then the company is required to refund 100% of the difference between 86% of the premiums and actual medical benefits expense and 75% of the difference between 86% to 90% of the premiums. The Company performs a calculation of the Risk Corridor provision each reporting period and accrues an estimate for amounts to be refunded or collected based on its current estimates of ultimate loss experience for the contract period. At December 31, 2018, a premium refund of \$1,588,083 was accrued. At December 31, 2017, no premium refund was due or accrued.

- 1. Short-term investments are stated at amortized cost.
- 2. Bonds Bonds not backed by other loans are stated at amortized cost using the scientific/constant yield method of amortization (accretion) of discounts or premiums.
- 3. Common Stocks None
- 4. Preferred Stocks None
- 5. Mortgage Loans None
- 6. Loan-Backed Securities None
- 7. Investment in Subsidiaries, Controlled and Affiliated Companies None
- 8. Investments in Joint Ventures, Partnerships and Limited Liability Companies None
- 9. Derivatives None
- 10. Premium Deficiency the Company's contracts are evaluated to determine if it is probable that a loss will be incurred. A premium deficiency reserve ("PDR") is established when it is probable that expected claims payments or incurred costs, claims adjustment expenses, and general administration expenses will exceed future premiums and reinsurance recoveries for the remainder of a contract period. For purposes of determining a PDR, investment income is excluded and contracts are grouped in a manner consistent with the method of acquiring, servicing and measuring the profitability of such contracts. A PDR is recorded as an aggregate health policy reserves and as an increase in reserves for life and accident and health contracts. Once established, a PDR is reduced over the contract period as an offset to actual losses. The PDR estimates are re-evaluated each reporting period and, if estimated future losses differ from those in the current PDR estimate, the liability is adjusted through increase in reserves for life and accident and health contracts, as necessary. The Company had no PDR liability recorded within its liabilities as of December 31, 2018 and 2017.
- 11. Unpaid Losses and Loss Adjustment Expenses The Company recognizes the cost of medical benefits in the period in which services are provided, including an estimate of the cost of medical benefits incurred but not reported ("IBNR"). Medical benefits incurred and claims adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members.

The Company also records direct medical expenses for estimated referral claims related to health care providers under contract with the Company who are financially troubled or insolvent and who may not be able to honor their obligations for the costs of medical services provided by others. In these instances, the Company may be required to honor these obligations for legal or business reasons. Based on the current assessment of providers under contract with the Company, such losses have not been and are not expected to be significant. The Company records direct medical expense for estimates of provider settlements due to clarification of contract terms, out-of-network reimbursement, claims payment differences and amounts due to contracted providers under risk-sharing arrangements.

Claims unpaid represents amounts for claims fully adjudicated but not yet paid and estimates for IBNR. The Company's estimate of IBNR is the most significant estimate included in the financial statements. The Company determines the best estimate of the base liability for IBNR utilizing consistent standard actuarial methodologies based upon key assumptions which vary by business segment. The assumptions include current payment experience, trend factors, and completion factors. Trend factors in standard actuarial methodologies include contractual requirements, historic utilization trends, the interval between the date services are rendered and the date claims are paid, denied claims activity, disputed claims activity, benefit changes, expected health care cost inflation, seasonality patterns, maturity of lines of business, changes in membership and other factors.

After determining an estimate of the base liability for IBNR, the Company makes an additional estimate, also using standard actuarial techniques, to account for adverse conditions that may cause actual claims to be higher than the estimated base reserve. This additional liability is referred to as the provision for moderately adverse conditions. The estimate of the provision for moderately adverse conditions captures the potential adverse development from factors such as:

· entry into new geographical markets;

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- provision of services to new populations such as the aged, blind and disabled;
- variations in utilization of benefits and increasing medical costs, including higher drug costs;
- changes in provider reimbursement arrangements;
- · variations in claims processing speed and patterns, claims payment and the severity of claims; and
- health epidemics or outbreaks of disease such as the flu or enterovirus.

The Company evaluates estimates of medical benefits payable claims unpaid as it obtains more complete claims information and medical expense trend data over time. The Company records differences between actual experience and estimates used to establish the liability, which is referred to as favorable and unfavorable prior period developments, as increases or decreases to medical benefits hospital and medical expense in the period the Company identifies the differences.

- 12. Capitalization Policy N/A
- 13. Pharmacy Rebates Pharmacy rebates are recorded on an accrual basis and are estimated based on invoices that have been prepared using actual prescriptions filled, historical utilization of specific pharmaceuticals and contract terms and records such amounts as a reduction of total hospital and medical cost.
- D. Going Concern None

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans None
- B. Debt Restructuring None
- C. Reverse Mortgages None
- D. Loan-Backed Securities
- 1, 2, 3 Not applicable
- 4. All impaired securities (fair value is less than cost or amortized cost) for which an -other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):
- a. The aggregate amount of unrealized losses:

1.	Less than 12 Months	\$ (37,686)
2.	12 Months or Longer	\$ (185,504)

b. The aggregate related fair value of securities with unrealized losses:

1.	Less than 12 Months	\$ 9,218,584
2.	12 Months or Longer	\$ 23,140,212

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions None
- F. Repurchase Agreement Transactions Accounted for as Secured Borrowing None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing None
- H. Repurchase Agreements Transactions Accounted for as a Sale None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale None
- J. Real Estate None
- K. Low-Income Housing Tax Credits (LIHTC) None

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L. Restricted Assets

1. Restricted Assets (Including Pledged):

		(1)	(2)	(3)	(4)	(5)	(6) Gross	(7)
		Total Gross	Total Gross				(Admitted &	Admitted
		(Admitted &	(Admitted &		Total Current	Total Current	Nonadmited)	Restricted to
		Nonadmited)	Nonadmited)	Increase/	Year	Year	Restricted to	Total
		Restricted from	Restricted from	(Decrease)	Nonadmited	Restricted	Total Assets	Admitted
	Restricted Asset Category	Current Year	Prior Year	(1 minus 2)	Restricted	(1 minus 4)	(a)	Assets (b)
a.	Subject to contractual							
	obligation for which							
	liability is not shown	\$ —	\$ —	\$ —	s —	\$ —	%	%
b.	Collateral held under							
	security lending agreements	_	_	_	_	_	_	_
c.	Subject to repurchase							
	agreements	_	_	_	_	_	_	_
d.	Subject to reverse							
	repurchase agreements	_	_	_	_	_	_	_
e.	Subject to dollar							
	repurchase agreements	_	_	_	_	_	_	_
f.	Subject to dollar reverse							
	repurchase agreements	_	_	_	_	_	_	_
g.	Placed under option							
	contracts	_	_	_	_	_	_	_
h.	Letter stock or securities							
	restricted as to sale - excluding							
	FHLB capital stock	_	_	_	_	_	_	_
i.	FHLB capital stock							
j.	On deposit with states	3,769,860	3,765,510	4,350	_	3,769,860	0.5%	0.5%
k.	On deposit with other							
	regulatory bodies	_	_	_	_	_	_	_
1.	Pledged as collateral							
	to FHLB	_	_	_	_	_	_	_
m	Pledged as collateral not							
•	captured in other categories	_	_	_	_	_	_	_
n.	Other restricted assets							
o.	Total restricted assets	\$ 3,769,860	\$ 3,765,510	\$ 4,350	\$ —	\$ 3,769,860	0.5%	0.5%

- (a) Column 1 divided by Asset Page, Column 1, Line 28
- (b) Column 5 divided by Asset Page, Column 3, Line 28
- 2. None
- 3. None
- 4. None
- M. Working Capital Finance Investments None
- N. Offsetting and Netting of Assets and Liabilities None
- O. Structured Notes None
- P. 5*GI Securities None
- Q. Short Sales None
- R. Prepayment Penalty and Acceleration Fees
 - Number of CUSIPs None (1)
 - Aggregate Amount of Investment Income \$54,453

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

- A. All investment income due and accrued with amounts that are over 90 days past due and amounts relating to non-admitted invested assets are considered non-admitted.
- B. At December 31, 2018 and 2017 there was no non-admitted accrued interest income.

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8. Derivative Instruments

None

9. Income Taxes

A. Deferred Tax Assets

The components of the net deferred tax asset at December 31 are as follows:

		<u>2018</u>					<u>2017</u>					
	(1)		Ordinary		Capital		Total	Ordinary		Capital		Total
(a)	Gross Deferred Tax Assets	\$	3,703,664	\$	6,185	\$	3,709,849	\$ 6,357,912	\$	_	\$	6,357,912
(b)	Statutory Valuation Allowance Adjustments		_		_		_	_		_		
(c)	Adjusted Gross Deferred Tax Assets		3,703,664		6,185		3,709,849	6,357,912		_		6,357,912
(d)	Deferred Tax Assets Nonadmitted		_		6,045		6,045	_		_		_
(e)	Subtotal Net Admitted Deferred Tax Asset		3,703,664		140		3,703,804	6,357,912		_		6,357,912
(f)	Deferred Tax Liabilities		425,629		_		425,629	831,939		_		831,939
(g)	Net Admitted Deferred Tax Asset/Liability	\$	3,278,035	\$	140	\$	3,278,175	\$ 5,525,974	\$	_	\$	5,525,974
	(2)											
	Admission Calculation Components											
(a)	Federal Income Taxes Paid in Prior Years											
	Recoverable Through Loss Carrybacks	\$	3,703,664	\$	140	\$	3,703,804	\$ 6,357,912	\$	_	\$	6,357,912
(b)	Adjusted Gross Deferred Tax Assets											
	Expected to be Realized After Application of											
	the Threshold Limitation		_		_		_	_		_		_
	1. Adjusted Gross Deferred Tax Asset											
	Expected to be Realized Following the											
	Balance Sheet Date		_		_		_	_		_		_
	2. Adjusted Gross Deferred Tax Asset											
	Allowed per Limitation Threshold		_		_		54,322,174	_		_		46,035,562
(c)	Adjusted Gross Deferred Tax Assets Offset by											
	Gross Deferred Tax Liabilities		_		_		_	_		_		_
(d)	Deferred Tax Assets Admitted as the result of											
	application of SSAP No 101	\$	3,703,664	\$	140	\$	3,703,804	\$ 4,906,949	\$		\$	6,357,912

		Change							
	(1)		Ordinary	Capital		Total			
(a)	Gross Deferred Tax Assets	\$	(2,654,248)	\$ 6,185	\$	(2,648,063)			
(b)	Statutory Valuation Allowance Adjustments		_	_		_			
(c)	Adjusted Gross Deferred Tax Assets		(2,654,248)	6,185		(2,648,063)			
(d)	Deferred Tax Assets Nonadmitted		_	6,045		6,045			
(e)	Subtotal Net Admitted Deferred Tax Asset		(2,654,248)	140		(2,654,108)			
(f)	Deferred Tax Liabilities		(406,309)	_		(406,309)			
(g)	Net Admitted Deferred Tax Asset/Liability	\$	(2,247,938)	\$ 140	\$	(2,247,798)			
	(2)								
	Admission Calculation Components								
(a)	Federal Income Taxes Paid in Prior Years								
	Recoverable Through Loss Carrybacks	\$	(2,654,248)	\$ 140	\$	(2,654,108)			
(b)	Adjusted Gross Deferred Tax Assets								
	Expected to be Realized After Application of								
	the Threshold Limitation		_	_		_			
	Adjusted Gross Deferred Tax Asset								
	Expected to be Realized Following the								
	Balance Sheet Date		_	_		_			
	2. Adjusted Gross Deferred Tax Asset								
	Allowed per Limitation Threshold		_	_		8,286,612			
(c)	Adjusted Gross Deferred Tax Assets Offset by								
	Gross Deferred Tax Liabilities		_	_					
(d)	Deferred Tax Assets Admitted as the result of								
	application of SSAP No 101	\$	(2,654,248)	\$ 140	\$	(2,654,108)			

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(3)
(a) Ratio Percentage Used to Determine Recovery Period and
Threshold Limitation in 2(b)2 above
(b) Amount of Adjusted Capital and Surplus Used to Determine
Recovery Period and Threshold Limitation in 2(b)2 above

\$ 362,147,829 \$ 306,903,746

		2018		2017	
	(4)				
	Impact of Tax-Planning Strategies	Ordinary	Capital	Ordinary	Capital
(.)	De la constant de la				
(a)	Determination of Adjusted Gross Deferred				
	Tax Assets and Net Admitted Deferred Tax				
	Assets, By Tax Character as a Percentage				
	(1) Adjusted Gross DTA Amount				
	From Note 9A1c	3,703,664	6,185	6,357,912	_
	(2) Percentage of Adjusted Gross DTAs By				
	Tax Character Attributable To The Impact				
	of Tax Planning Strategies	0%	0%	0%	0%
	(3) Net Admitted Adjusted Gross DTAs				
	Amount From Note 9A1e	3,703,664	140	6,357,912	_
	(4) Percentage of Net Admitted Adjusted				
	Gross DTAs By Tax Character Admitted				
	Because of The Impact of Tax Planning				
	Strategies	0%	0%	0%	0%
(b)	Does the Company's tax-planning strategies include the u	ise of reinsurance?	Ye	s No Y	<u> </u>

		Change	
	(4) Impact of Tax-Planning Strategies	Ordinary	Capital
(a)	Determination of Adjusted Gross Deferred		
	Tax Assets and Net Admitted Deferred Tax		
	Assets, By Tax Character as a Percentage		
	(1) Adjusted Gross DTA Amount		
	From Note 9A1c	(2,654,248)	6,185
	(2) Percentage of Adjusted Gross DTAs By		
	Tax Character Attributable To The Impact		
	of Tax Planning Strategies	0%	0%
	(3) Net Admitted Adjusted Gross DTAs		
	Amount From Note 9A1e	(2,654,248)	140
	(4) Percentage of Net Admitted Adjusted		
	Gross DTAs By Tax Character Admitted		
	Because of The Impact of Tax Planning		
	Strategies	0%	0%





B. Unrecognized Deferred Tax Liabilities - None

C. Current income taxes incurred consist of the following major components:

	(1) Current Income Tax		12/31/2018		12/31/2017		Change
(a)	Federal	\$	43,512,360	\$	49,292,994	\$	(5,780,634)
(b)	Foreign		_		_		_
(c)	Subtotal	\$	43,512,360	\$	49,292,994	\$	(5,780,634)
(d)	Federal income tax on net capital gains		_		_		_
(e)	Utilization of capital loss carry-forwards		_		_		_
(f)	Other						
(g)	Federal and foreign income taxes incurred	\$	43,512,360	\$	49,292,994	\$	(5,780,634)
	(2) Deferred Tax Assets		12/31/2018		12/31/2017		Change
(a)	Ordinary						
	(1) Discounting of unpaid losses	\$	2,143,635	\$	2,576,489		(432,854)
	(2) Unearned premium reserve		_		2,690,405		(2,690,404)
	(3) Policyholder reserves(4) Investments		_		_		_
			_		_		_
	(5) Deferred acquisition costs(6) Policyholder dividends accrual		_		_		_
	(7) Fixed assets		_		_		_
	(8) Compensation and benefits accrual		1,073		1,208		(135)
	(9) Pension accrual		1,073		1,200		(155)
	(10) Receivables - nonadmitted		44,165		29,885		14,280
	(11) Net operating loss carry-forward				25,005		
	(12) Tax credit carry-forward		_		_		_
	(13) Other		1,514,791		1,059,925		454,866
	Subtotal	\$	3,703,664	\$	6,357,912	\$	(2,654,248)
(b)	Statutory valuation allowance adjustment		_		_		_
(c)	Nonadmitted						
(d)	Admitted ordinary deferred tax assets	\$	3,703,664	\$	6,357,912	\$	(2,654,248)
(e)	Capital						
	(1) Investments		_		_		_
	(2) Net capital loss carry-forward		6,185		_		6,185
	(3) Real estate		_		_		_
	(4) Other						
	Subtotal		6,185		_		6,185
(f)	Statutory valuation allowance adjustment		_		_		_
(g)	Nonadmitted		6,045		_		6,045
(h)	Admitted capital deferred tax assets		140		_		140
(i)	Admitted deferred tax assets		3,703,804		6,357,912		(2,654,108)
(0)	(3) Deferred Tax Liabilities:						
(a)	Ordinary (1) Investments						
	(2) Fixed assets		_		_		_
	(3) Deferred and uncollected premium						
	(4) Policyholder reserves		_		_		_
	(5) Other		425,629		831,939		(406,309)
	Subtotal	_	425,629		831,939		(406,309)
							/
(b)							
	(1) Investments		_		_		_
	(2) Real estate		_		_		_
	(3) Other	_	_				_
	Subtotal		_		_		_
(c)	Deferred tax liabilities		425,629		831,939		(406,309)
		_	2 2 2 2 : =	_	<i></i>	_	<i>a</i>
	(4) Net deferred tax assets/liabilities	\$	3,278,175	\$	5,525,974	\$	(2,247,798)

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D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate - The sum of the income tax incurred is different from the result obtained by applying the federal statutory rate of 21% and 35% to pretax net income for 2018 and 2017, respectively, due to the enactment of the Tax Cut and Jobs Act. For both 2018 and 2017, the deferred tax asset/liability was calculated by applying the federal statutory rate of 21%. The significant items causing the difference are as follows:

		% of Pre-tax
	<u>2018</u>	<u>Income</u>
Provision computed at statutory rate	\$ 35,742,495	21.00%
Intangible tax amortization	(30,947)	-0.02%
Change in non-admitted assets	(48,544)	-0.03%
Nondeductible expenses	9,252	0.01%
ACA Insurer fee	11,504,889	6.76%
Tax rate Change	(1,117,071)	-0.66%
Other	(305,961)	-0.18%
Total statutory income tax	\$ 45,754,113	26.88%
		% of Pre-tax
	<u>2018</u>	<u>Income</u>
Federal income taxes incurred	\$ 43,512,359	25.57%
Change in net deferred income taxes	2,241,754	1.32%
Total statutory income tax	\$ 45,754,113	26.88%

- E. Net Operating Loss Carryforwards
- 1. At December 31, 2018, the Company had no federal operating loss carryforwards.
- 2. The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

12/31/2018 (current year) 46,373,986 12/31/2017 (first prior year) \$ 46,385,358

- 3. As of December 31, 2018 there were not aggregate amounts of deposits reported as admitted assets under Section 6603 of the Internal Revenue Services (IRS) Code.
- F. Consolidated Federal Income Tax Return
- 1. The Company and its affiliated entities (as listed on Schedule Y, Part 1) are included in the consolidated federal income tax return of WellCare Health Plans, Inc. ("WellCare").
- 2. Federal Income Tax Allocation The Company is included in the consolidated federal income tax return of WellCare and its includable subsidiaries. Estimated tax payments are made quarterly, at which time intercompany tax settlements are made. In the subsequent year, additional settlements are made on the unextended due date of the return and at the time that the return is filed. The method of allocation among affiliates of the Company is subject to a written agreement approved by the Board of Directors and based upon separate tax return calculation with current credit for net losses to the extent the losses provide a benefit in the consolidated tax return.
- G. The Company has no federal or foreign income tax loss contingencies as of December 31, 2018. The Company is not expecting any increase in its income tax loss contingency within the next 12 months.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A, B and C. Relationship/Transactions and Amounts

Comprehensive Health Management Inc. ("CHMI")

The Company has an affiliated management agreement with CHMI to provide certain management, administrative services and claims processing services, utilization review, payroll services and the majority of the administrative functions of the Company, excluding certain sales and marketing functions and other professional consulting expenses. Additionally, CHMI is responsible for maintaining the claims related data processing equipment and software.

In 2018, the Company's agreement with CHMI was amended. The indirect cost charge for Medicare gross premium earned was revised from 12.0% in 2017 to 6.8% in 2018; the indirect cost charge for Medicaid gross premium earned was revised from 6.5% in 2017 to 6.8% in 2018; and the indirect cost charge for Medicare Part D gross premium earned was revised from 7.0% in 2017 to 9.2% in 2018 with all changes being retroactive to January 1, 2018. The agreement was approved by the Department on August 27, 2018.

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The Company will also reimburse CHMI for expenses it pays which are directly allocable to the Company. Additionally, the agreement includes a true-up mechanism where the management fee charged is compared to the actual cost of services provided and any difference is settled between CHMI and the Company. The true-up will occur on an annual basis for the prior year's activity. Management believes rates charged by CHMI to be an approximation of current market rates; however, future adjustments to this rate may be necessary as changes in regulations, scopes of services and market dynamics occur.

During 2018, the Company's 2017 management fee true-up was calculated and booked. The true-up resulted in a \$2,483,666 decrease in management fees charged to the Company based on actual cost of services provided during 2017. During 2017, the Company's 2016 true-up was calculated and booked. The true-up resulted in a \$18,276,878 decrease in management fees charged to the Company based on actual cost of services provided during 2016.

During 2018 and 2017, the Company incurred \$235,048,950 and \$199,693,594 respectively, for services under the management agreement with CHMI. The total amounts due from CHMI were \$3,267,228 and \$4,708,526 at December 31, 2018 and 2017. Amounts due to or from CHMI are normally settled within 30 days.

Affiliated Agreements

The Company assumes reinsurance coverage from its affiliate, WellCare of Texas, Inc., to cover out-of-network claims on Medicare Advantage point-of-service plans offered in the State of Arizona.

The Company has an affiliated joint enterprise agreement with WellCare Prescription Insurance, Inc. The two Parties to this agreement provide Medicare prescription drug plan services to Medicare Part D beneficiaries in their respective service areas.

Amounts due to/from affiliates resulting from intercompany arrangements are non-interest bearing and are generally settled within 30 days.

Dividends

The Company paid a \$50,000,000 extraordinary cash dividend to the Parent Company, The WellCare Management Group, Inc. ("WCMG") on September 18, 2018 and a \$25,000,000 extraordinary cash dividend to WCMG on December 13, 2018. The Company paid a \$25,000,000 ordinary cash dividend on July 3, 2017 and a \$25,000,000 extraordinary cash dividend to WCMG on December 19, 2017.

- D. Intercompany Balances At December 31, 2018, the Company reported a balance of \$3,267,228 receivable from parent, subsidiaries and affiliates and a \$34,794,718 payable to parent, subsidiaries and affiliates.
- E. Guarantees on Undertakings for the Benefit of an Affiliate None
- F. Management/Cost Sharing Agreements See Note 10A, B, and C above.
- G. Control/Ownership All outstanding shares of the Company are owned by the Parent Company, The WellCare Management Group, Inc. which is owned by WCG Health Management, Inc. which is in turned owned by WellCare Health Plans, Inc., an insurance holding company domiciled in the State of Delaware.
- H. I. J. K. and L. Controlled Entities/Investments in SCA/Foreign Insurance Subsidiary/Downstream Noninsurance Holding Company None
- M. All SCA Investments None
- N. Investment in Insurance SCAs None
- O. SCA Loss Tracking None

11. Debt

- A. Debt None
- B. Federal Home Loan Bank Agreements None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement **Benefit Plans**

None.

- 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
- 1. Number of Shares The Company has 2,500,000 shares of \$1 par value common stock issued and outstanding.
- 2. Preferred Stock Issues None
- 3. Dividend Restrictions Without prior approval of its domiciliary commissioner or department of insurance, dividends to shareholders must be paid from earned surplus amounts and are limited to the lessor of ten percent of the companies surplus or the net income for the 12 month period ending as of the prior year as set forth in the laws of the Company's state of incorporation, Kentucky.

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- 4. Dividends Paid Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholder.
- 5. Dividend Capacity and Required Minimum Capital The amount available for ordinary dividend distribution during 2019 is \$36,603,474, which is 10% of surplus. Kentucky Statutes require that each Kentucky Health entity maintain a minimum surplus equal to the greater of the Company Action Level Risk Based Capital ("RBC") Calculation or \$1,500,000. As of December 31, 2018, the Company's required minimum capital and surplus was \$190,174,386, based on RBC, compared to the total actual capital and surplus of \$362,949,494.
- 6. Restrictions on Unassigned Funds None
- 7. Amount of Advances to Surplus, Not Repaid None
- 8. Stock Held of Affiliated Entities None
- 9. Changes in Balances of Any Special Surplus Funds Changes in balances of special surplus funds from prior year is due to the estimated health insurance industry fee.
- 10. Unrealized Gains and Losses None.
- 11. Surplus Notes None
- 12. Quasi-Reorganizations None
- 13. Effective Date of Quasi-Reorganization N/A

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments None
- B. Assessments None
- C. Gain Contingencies None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits None
- E. Joint and Several Liabilities None
- F. All Other Contingencies The Company's ultimate parent, WellCare, is a party to a number of legal actions and regulatory investigations. These matters do not directly involve the Company and management does not expect the matters to have an affect on the Company's financial position.

15. Leases

None

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales None
- B. Transfer and Servicing of Financial Assets None
- C. Wash Sales None

18. Gain or Loss to the Reporting Entity From Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A ASO Plans None
- B. ASC Plans None
- C. Medicare of Similarly Structured Cost Based Reimbursement Contract
- 1. None
- 2. As of December 31, 2018, the Company had recorded receivables of \$3,649,315 from CMS related to the cost share and reinsurance components of administered Medicare products. This represents 99.7% of the Company's amounts receivable from uninsured accident and health plans.
- 3. None
- 4. None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

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20. Fair Value Measurements

A. Assets that are measured at fair value on a recurring basis subsequent to initial recognition.

1. Fair Value Measurements Reporting Date

Description of each class of asset or liability		Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value						
Cash Equivalents						
Exempt Money Market Funds	\$	— \$	_	\$	\$ - \$	_
Other Money Market Funds		46,586,104	_	_	_	46,586,104
Total Cash Equivalents	\$	46,586,104 \$	_	\$ —	\$ - \$	46,586,104
Perpetual Preferred Stock						
Industrial & Misc	\$	— \$	_	\$ —	\$ - \$	_
Parent, Subsidiaries and Affiliates		_	_	_	_	_
Total Perpetual Preferred Stocks	\$	— \$	_	\$ —	\$ - \$	
Bonds						
U.S. Government	\$	— \$	_	\$ —	\$ - \$	_
Industrial & Misc.		_	_	_	_	_
Hybrid Securities		_	_	_	_	_
Parent, Subsidiaries and Affiliates		_	_	_	_	_
Total Bonds	\$	— \$	_	\$ —	\$ - \$	_
Common Stock						
Industrial & Misc.	\$	— \$	_	\$ —	\$ - \$	_
Parent, Subsidiaries and Affiliates		_	_	_	_	_
Total Common Stock	\$	- \$	_	\$ —	\$ - \$	_
<u>Derivatives Assets</u>						
Interest rate contracts	\$	— \$	_	\$ —	\$ - \$	_
Foreign exchange contracts		_	_	_	_	_
Credit contracts		_	_	_	_	_
Commodity futures contracts		_	_	_	_	_
Commodity futures contracts		_	_	_	_	_
Total Derivatives	\$	— \$	_	\$ —	\$ - \$	
Separate account assets	\$	— \$				
Total assets at fair value	\$	46,586,104 \$		\$ —	\$	46,586,104
b. Liabilities at fair value	_					
Total liabilities at fair value	\$	— \$	_	\$ —	\$ - \$	

B. Assets Measured on a Fair Value on a Nonrecurring Basis:

The Company's financial statements include certain financial instruments carried at amounts which approximate fair value, such as, cash, cash equivalents, short-term investments and receivables. The carrying amount approximates fair value because of the short-term nature of these items. The Company has no assets or liabilities measured or reported at fair value as of December 31, 2018 and 2017.

The NAIC SAP defines fair value, establishes a framework for measuring fair value, and outlines the disclosure requirements related to fair value measurements. The fair value hierarchy is as follows:

Level 1—Quoted (unadjusted) prices for identical assets or liabilities in active markets: Investments included in Level 1 consist of cash, money market funds, and U.S. government securities. The carrying amounts of money market funds and cash approximate fair value because of the short-term nature of these instruments. Fair values of the other investments included in Level 1 are based on unadjusted quoted market prices for identical securities in active markets.

Level 2—Inputs other than quoted prices in active markets: Investments in Level 2 consist of certain certificates of deposit, commercial paper, corporate debt, asset-backed and other municipal securities for which fair market valuations are based on quoted prices for identical securities in markets that are not active, quoted prices for similar securities in active markets, broker or dealer quotations, or alternative pricing sources or for which all significant inputs are observable, either directly or indirectly, including interest rates and yield curves observable at commonly quoted intervals, volatilities, prepayment speeds, loss severities, credit risks, and default rates.

In addition to using market data, the Company makes assumptions when valuing assets and liabilities, including assumptions about risks inherent in the inputs to the valuation technique. When there is not an observable market price for an identical or similar asset or liability, management uses an income approach reflecting their best assumptions regarding expected cash flows, discounted using a commensurate risk-adjusted discount rate. The fair value of the future payments related to investigation resolution is estimated using a discounted cash flow analysis and these amounts are recorded at fair value in the financial statements.

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Level 3 — Unobservable inputs that cannot be corroborated by observable market data: Not applicable

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3:

							Practicable
Type of Financial	Aggregate	Admitted				Net Asset	(Carrying
Instrument	Fair Value	Assets	Level 1	Level 2	Level 3	Value (NAV)	Value)
Bonds							
US Government	\$ 14,679,106	\$ 14,685,106 \$	14,679,106 \$	— \$	— \$	_ 5	S —
U.S. States, territories & possessions	3,547,138	3,558,931	_	3,547,138	_	_	_
Political subdivision of states, territories & possessions	20,363,015	20,358,878	_	20,363,015	_	_	_
U.S. Special revenue & special assessment, non-guaranteed agencies & government	81,439,651	81,659,888	6,447,183	74,992,468	_	_	_
Industrial & miscellaneous	152,892,612	154,370,486	_	152,892,612	_	_	_
Total Bonds	272,921,522	274,633,290	21,126,289	251,795,233	_	_	_
Short Term Investments	100,405,563	100,492,736	16,462,016	83,943,548	_	_	_
Total Bonds and Short Term Investments	\$ 373,327,086	\$ 375,126,026 \$	37,588,305 \$	335,738,781 \$	— \$	_ 5	S —

D. None

21. Other Items

- A. Extraordinary Items None
- B. Troubled Debt Restructuring None
- C. Other Disclosures and Unusual Items

Medicare and Medicaid Contracts

The Company offers stand-alone prescription drug coverage under the Medicare Part D program ("PDP") to beneficiaries pursuant to a contract with the Centers for Medicare & Medicaid Services ("CMS"). Through an affiliated joint enterprise agreement with WellCare Prescription Insurance, Inc., both companies agreed to provide stand-alone PDP plans to Medicare Part D beneficiaries in their respective service areas, which for the Company includes Alabama, Arkansas, Colorado, Connecticut, Minnesota, Montana and Rhode Island. The Company's PDP contract with CMS is renewable for successive one-year terms unless CMS notifies the Company of its decision not to renew by May 1 of the current contract year, or the Company notifies CMS of a decision not to renew by the first Monday in June of the contract year. The Company's current PDP contract expires on December 31, 2019.

The Company expects that its Medicare contract, which expires on December 31, 2019, will be renewed. The Company's operating results could be significantly constrained in the event that the compensation provided under its Medicare contract is adjusted or if the contract is not renewed.

The Company provides managed care services to Medicaid recipients through its contract with KDMS to serve the Commonwealth's Medicaid program. Under this program, we coordinate medical, behavioral and dental health care for eligible beneficiaries in Kentucky's Temporary Assistance for Needy Families and Child Health Plus programs. The Company's Medicaid contract expires on June 30, 2019, and it includes one additional one-year renewal options upon the mutual agreement of the parties which are expected to be exercised. The Company's operating results could be significantly constrained in the event that the compensation provided under its Medicaid contract is adjusted or if the contract is not renewed.

- D. Business Interruption Insurance Recoveries None
- E. State Transferable and Non-Transferable Tax Credits None
- F. Subprime Mortgage Related Risk Exposure None
- G. Retained Assets None
- H. Insurance-Linked Securities (ILS) Contracts None

22. Events Subsequent

ACA Annual Fee

The Company is subject to the annual industry fee under section 9010 of ACA. The industry fee is being levied on certain health insurers that provide insurance in the assessment year, and is allocated to health insurers based on each health insurer's share of net premiums for all U.S health insurers in the year preceding the assessment. In December 2015, President Obama signed the Consolidated Appropriations Act, 2016 which, among other provisions, included a one-year moratorium on the ACA industry fee for 2017. While the ACA industry fee was assessed in 2018, the continuing resolution approved in January 2018 provides for an additional one-year moratorium for 2019 for the ACA industry fee.

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The liability and expense are recognized once the Company provides health insurance for any U.S. health risk in the assessment year. The Company paid and expensed \$54,785,186 and \$0 in 2018 and 2017, respectively. Additionally, the estimate for the following year's fee is accrued monthly and separately segregated within surplus as an aggregate write-in in accordance with Statutory accounting guidance.

The Company has an agreement with its state Medicaid customer in Kentucky which provides for them to reimburse the Company for the portion of the ACA industry fee attributable to the Medicaid program in the state, including its non-deductibility for income tax purposes. The execution of the agreement enabled the Company to recognize approximately \$82,921,205 and \$0 reimbursement as premium revenue for the years ending December 31, 2018 and 2017, respectively.

	(Current Year	Prior Year
A. Did the reporting entity write accident and health insurance			
premium that is subject to Section 9010 of the federal			
Affordable Care Act?		Yes	Yes
B. ACA fee assessment payable for the upcoming year	\$	— \$	55,232,000
C. ACA fee assessment paid	\$	54,785,186 \$	_
D. Premium written subject to ACA 9010 assessment	\$	— \$	2,718,773,703
E. Total Adjusted Capital before surplus adjustment			
(Five-Year Historical Line 14)	\$	362,949,494	
F. Total Adjusted Capital after surplus adjustment			
(Five-Year Historical Line 14 minus 22B above)	\$	362,949,494	
G. Authorized Control Level (Five-Year Historical Line 15)	\$	95,087,193	
H. Would reporting the ACA assessment as of			
December 31, 2018 have triggered an RBC action level?		No	

There were no additional events occurring subsequent to December 31, 2018 requiring disclosure. Subsequent events have been considered through February 22, 2019 for the Statutory statement issued on February 22, 2019.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by an representative, officer, trustee, or director of the Company?

Yes () No (X) If yes, give full details.

2. Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) which is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X) If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

1. Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X) If yes, give full details.

- If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the company to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate. N/A.
- What is the total amount of reinsurance credit taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$0

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2. Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X) If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

- What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above), of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate. N/A
- 2. Have any new agreements been executed or existing agreement amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the Company as of the effective date of the agreement?
 - Yes () No (X) If yes, what is the amount of reinsurance credits, whether an asset or reduction of liability, taken for such agreements or amendments? N/A
- B. Uncollectible Reinsurance None
- C. Commutation of Ceded Reinsurance None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation None

24. Retrospectively Rated Contracts

- A. The Company estimates accrued retrospective premium adjustments for its Medicaid and Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by contracts with KDMS and CMS.
- B. The Company records accrued retrospective premium as an adjustment to earned premiums.
- C. The amount of net premiums written by the Company at December 31, 2018 that are subject to retrospective rating features was \$3,028,969,132 or 100% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.
- D. Not applicable
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA) Not applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

A. The estimated cost of claims expense attributable to insured events of the prior year decreased by \$61,581,226 during 2018. This is approximately 19.5% of unpaid claims expenses of \$315,938,392 as of December 31, 2017. Excluding the prior period development related to the release of the provision for moderately adverse conditions, medical benefits expense for the period ending December 31, 2018 was affected by approximately \$36,286,377 of net favorable development related to prior years. Such amounts are net of the development relating to refunds due to government customers with minimum loss ratio provisions.

B. None

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

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28. Health Care Receivables

Healthcare receivables principally represent pharmacy rebates. Healthcare receivables are subject to various limits based on the nature of the receivable balance. Pharmacy rebates are recorded on an accrual basis and estimated using invoices that have been prepared using actual prescriptions filled. Pharmacy rebates receivable at December 31, 2018 total \$35,670,540 of which \$18,431 is aged ninety days or older and is non-admitted.

The following is a summary of pharmacy rebates by quarter:

			Collected Within	Collected Within	Collected More
	Estimated	Rebates	90 days	91 to 180 days	than 180 days
Quarter Ending	Rebates	Invoiced	of Invoicing	of Invoicing	of Invoicing
12/31/2018	37,173,943	_	3,076,883	_	_
9/30/2018	36,981,771	38,597,763	33,701,278	_	_
6/30/2018	35,302,434	37,708,231	31,619,919	4,716,197	
3/31/2018	32,552,575	34,712,611	28,294,238	4,432,172	1,333,604
12/31/2017	31,390,658	34,612,910	31,158,593	4,611,730	(57,340)
9/30/2017	30,769,711	32,283,493	29,032,267	3,044,823	499,889
6/30/2017	29,420,493	31,698,662	28,709,053	2,647,102	517,107
3/31/2017	23,221,109	27,887,687	23,375,449	4,619,143	511,313
12/31/2016	27,456,743	29,599,239	27,101,509	2,109,476	_
9/30/2016	28,460,206	31,331,945	28,001,356	2,686,997	162,441
6/30/2016	26,850,335	30,065,599	28,299,322	1,187,721	80,128
3/31/2016	8,715,064	10,356,495	24,170,396	2,171,528	539,430

B. Risk sharing receivables billed, received and accrued for three years - None

29. Participating Policies

None

30. Premium Deficiency Reserves

The following table summarizes the Company's premium deficiency reserves as of December 31, 2018:

- 1. Liability carried for premium deficiency reserves \$0
- 2. Date of most recent evaluation of this liability December 31, 2018
- 3. Was anticipated investment income utilized in the calculation? No

31. Anticipated Salvage and Subrogation

None



GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?		es [[X]	No	[]
	If yes, complete Schedule Y, Parts 1, 1A and 2.						
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	s [X] N	1 ov	[1 [N/A	[]
1.3	State Regulating? Kentucky						
1.4	Is the reporting entity publicly traded or a member of a publicly traded group?	Ye	es [[X]	No	[]
1.5	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.	00012793	63				
2.1	reporting entity?	Ye			,		[X]
	.,, g						
3.1					12	:/31	2017
3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.				12	2/31	2012
3.3	State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).				06	5/11	/2014
3.4	By what department or departments? Kentucky Department of Insurance						
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?	s [] 8	ılo 1	ſ	1 1	1/Δ	[X]
3.6		, [X] V			•		
5.0	Trave all of the recommendations within the latest infancial examination report been complied with:	o [v] i	10 [i] '	W/ /A	l J
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business?	· Ye	es				[X]
	4.12 renewals?		es	l]	No	[X]
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:						
	4.21 sales of new business?	Ye	es	[]	No	[X]
	4.22 renewals?	Ye	es	[]	No	[X]
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Ye	es	[]	No	[X]
	If yes, complete and file the merger history data file with the NAIC.						
5.2	If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.	3					
	ceased to exist as a result of the merger of consolidation.						
	1 2 3						
	Name of Entity NAIC Company Code State of Domicile						
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?		es]]	No	[X]
	or revoked by any governmental entity during the reporting period? If yes, give full information	Y]		
6.2 7.1	or revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?	Y	es 'es]	No No	
6.2 7.1	or revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? If yes,	Y]		[X]
6.2 7.1	or revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? If yes, 7.21 State the percentage of foreign control	γ.]		
6.2 7.1	or revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? If yes,	γι γ s]		[X]
6.2 7.1	or revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney	γι γ s]		[X]
6.2 7.1	or revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney in-fact).	γι γ s]		[X]
6.2 7.1	or revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney in-fact).	γι γ s]		[X]
6.2 7.1	or revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney in-fact).	γι γ s]		[X]
6.2 7.1	or revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney in-fact).	γι γ s]		[X]
6.2 7.1	or revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney in-fact).	γι γ s]		[X]
6.2 7.1	or revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney in-fact).	γι γ s]		[X]
6.2 7.1	or revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney in-fact).	γι γ s]		[X]
6.2 7.1	or revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney in-fact).	γι γ s]		[X]
6.2 7.1	or revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney in-fact).	γι γ s]		[X]
6.2 7.1	or revoked by any governmental entity during the reporting period? If yes, give full information Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney in-fact).	γι γ s]		[X]

Attachment & TATEMENT FOR THE YEAR 2018 OF THE WellCare Health Insurance Company of Kc... Beyond Healthcare. A Better You.



GENERAL INTERROGATORIES

8.1 8.2								
8.3 8.4	4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.							o [X]
	1	2 Location	3	4	5	6		
	Affiliate Name	(City, State)	FRB	occ	FDIC	SEC		
							_	
9.	What is the name and address of the independent certified Deloitte & Touche LLP, 201 N. Franklin Street, Suite 3600,	•						
	Has the insurer been granted any exemptions to the proh- requirements as allowed in Section 7H of the Annual Final law or regulation?	ibited non-audit services provided by the ncial Reporting Model Regulation (Model	certified inde	pendent publ	ic accountant	Yes [] No	[X]
	10.2 If the response to 10.1 is yes, provide information related to this exemption: 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as							
10.4	allowed for in Section 18A of the Model Regulation, or subs If the response to 10.3 is yes, provide information related to	-				Yes [] No	[\(\)]
	Has the reporting entity established an Audit Committee in If the response to 10.5 is no or n/a, please explain	compliance with the domiciliary state insu	rance laws?		Yes	[X] No [] N/	A []
11.	What is the name, address and affiliation (officer/emploconsulting firm) of the individual providing the statement of Larry Smart (Employee), WellCare Health Plans, Inc. 873	actuarial opinion/certification?						
12.1	Does the reporting entity own any securities of a real estate	· ·					•	o [X]
		12.11 Name of rea 12.12 Number of p						
		12.13 Total book/a						
12.2	If yes, provide explanation							
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTIN	NG ENTITIES ONLY:						
13.1	What changes have been made during the year in the Unit	ed States manager or the United States tr	ustees of the	reporting enti	ty?			
13.2	Does this statement contain all business transacted for the	reporting entity through its United States	Branch on ris	ks wherever le	ocated?	Yes [] N	0 []
	Have there been any changes made to any of the trust inde	• •			V	Yes [] N	
	If answer to (13.3) is yes, has the domiciliary or entry state Are the senior officers (principal executive officer, principal		ficer or contro	oller or nerso	Yes ne performing	[] No [j N/	4 []
14.1	similar functions) of the reporting entity subject to a code of a. Honest and ethical conduct, including the ethical handle relationships;	dards?	•	_	Yes [X] N	0 []	
	b. Full, fair, accurate, timely and understandable disclosure		d by the repor	ting entity;				
	c. Compliance with applicable governmental laws, rules andd. The prompt internal reporting of violations to an appropri	-	de: and					
	e. Accountability for adherence to the code.	iato policion di policione lacinanca in ancico	ao, aa					
14.11	If the response to 14.1 is no, please explain:							
14.2	Has the code of ethics for senior managers been amended	1?				Yes [X] N	0 []
14.21	If the response to 14.2 is yes, provide information related to	* *						
1/1 2	Minor revisions and clarifications of existing provisions. At		/18			Yes [] N	o [X]
	Have any provisions of the code of ethics been waived for a If the response to 14.3 is yes, provide the nature of any wa					169 [J IN	o [v]

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?



Yes [] No [X]

GENERAL INTERROGATORIES

	1	2		3		4	\neg
	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstance	es That Can Trigger the Letter of Credit	Am	ount	
				o nation niggo tio zero. O croan			
		BOARD O	F DIRECTOR	 S			
	ne purchase or sale of all investreeof?	nents of the reporting entity passed upo	on either by the boa	ard of directors or a subordinate comm		Yes [X	1 No 1
		mplete permanent record of the proceed	dings of its board o	of directors and all subordinate commi	ttees		
Has the		ed procedure for disclosure to its board rs, trustees or responsible employees the			n on es of	Yes [X Yes [X	
		FINANCIA	NI.				
Has	this statement been prepared usi	FINANCIA ing a basis of accounting other than State		inciples (e.g., Generally Accepted			
Acc	ounting Principles)?					Yes [
Tota	al amount loaned during the year ((inclusive of Separate Accounts, exclusiv	e of policy loans):	20.11 To directors or other officers 20.12 To stockholders not officers 20.13 Trustees, supreme or grand	\$		
Tota	al amount of loans outstanding at	the end of year (inclusive of Separate Ac	counts, exclusive o	(Fraternal only) f	\$		
	cy loans):	, , ,	, , , , , , , , , , , , , , , , , , , ,	20.21 To directors or other officers	•		
				20.22 To stockholders not officers 20.23 Trustees, supreme or grand (Fraternal only)	•		
	e any assets reported in this state gation being reported in the stater	ement subject to a contractual obligation nent?	to transfer to anothe	er party without the liability for such		Yes [
If ye	es, state the amount thereof at De	cember 31 of the current year:	21.21 Rented fi 21.22 Borrowed		•		
			21.23 Leased fi				
			21.24 Other		\$		
guai	ranty association assessments?	s for assessments as described in the An				Yes [
If an	nswer is yes:			paid as losses or risk adjustment paid as expenses			
			22.22 Amount 22.23 Other ar				
Doe	s the reporting entity report any a	mounts due from parent, subsidiaries or		·		Yes [X	
If ye	es, indicate any amounts receivab	le from parent included in the Page 2 am	ount:		\$		
		INVE	STMENT				
the a		securities owned December 31 of curren entity on said date? (other than securition, relating thereto				Yes [X] No [
		ide a description of the program includ balance sheet. (an alternative is to refere			and		
	s the company's security lending ructions?	g program meet the requirements for a	conforming progran	n as outlined in the Risk-Based Capita	ıl Yes []	No [] NA ¦
If an	nswer to 24.04 is yes, report amou	unt of collateral for conforming programs.			\$		
	• •	nt of collateral for other programs.	1.40=21.45		\$		
	es your securities lending programent of the contract?	m require 102% (domestic securities) a	and 105% (foreign s	securities) from the counterparty at the	e Yes []	No [] NA [
	, , ,	then the collateral received from the cour			Yes []	No [] NA [
cond	duct securities lending?	orting entity's securities lending agent u			Yes []	No [] NA [
ror		ling program, state the amount of the foll value of reinvested collateral assets repo	· ·	•	\$		Λ
		ok adjusted/carrying value of reinvested c		•	\$		



GENERAL INTERROGATORIES

25.1	Were any of the stocks, bonds or other assecontrol of the reporting entity or has the report (Exclude securities subject to Interrogatory 21)	ing entity sold or tran				rce?	s [X] No []
25.2	If yes, state the amount thereof at December 3	1 of the current year:					
	yee, state the uniount thereof at 2 common of	25.21 Subject to rep	urchase agreeme	nts		\$	
		25.22 Subject to rev				•	
		25.23 Subject to do	•	_		•	
		•				•	
		25.24 Subject to rev	•	•			
		25.25 Placed under			" FILE O " 10" 1	·	
				ted as to sale – exclu	uding FHLB Capital Stock	·	
		25.27 FHLB Capital				·	0.700.000
		25.28 On deposit w					3,769,860
		25.29 On deposit w	,			·	
		25.30 Pledged as of				·	
		25.31 Pledged as o	ollateral to FHLB –	including assets ba	cking funding agreements	•	
25.3	For category (25.26) provide the following:	25.32 Other				\$	
	1		<u> </u>	2		3	
	Nature of Restriction			Descript	tion	Amou	nt
26.1	Does the reporting entity have any hedging tra	nsactions reported or	Schedule DB?			Yes	[] No [X]
26.2	If yes, has a comprehensive description of the If no, attach a description with this statement.	hedging program bee	n made available	to the domiciliary sta	ate?	Yes [] No	[] N/A []
27.1	Were any preferred stocks or bonds owned as the issuer, convertible into equity?	of December 31 of th	e current year ma	ndatorily convertible	into equity, or, at the option of	Yes	[] No [X]
27.2	If yes, state the amount thereof at December 3	1 of the current year.				\$	
28.	Excluding items in Schedule E – Part 3 – Specentity's offices, vaults or safety deposit boxes, pursuant to a custodial agreement with a qualic Considerations, F. Outsourcing of Critical Fund Handbook?	were all stocks, bond fied bank or trust com	s and other securit pany in accordanc	ties, owned throughouse with Section 1, III	out the current year held – General Examination	Yes	[X] No []
28.01	For agreements that comply with the requirement	ents of the NAIC Fina	ncial Condition Ex	aminers Handbook,	complete the following:	1	
	Name	of Custodian(s)		Custod	lian's Address		
	U.S. Bank		Jacks				
	Suntrust Bank						
28.02	For all agreements that do not comply with the location and a complete explanation:	requirements of the N	NAIC Financial Co	ndition Examiners H	andbook, provide the name,		
	1		2		3		
	Name(s)		Location(s)		Complete Explanation(s)		
	Have there been any changes, including name If yes, give full and complete information relation		odian(s) identified	in 28.01 during the c	current year?	Yes	[] No [X]
	1		2	3	4		
	Old Custodian	Ne	v Custodian	Date of Change	Reason		
	Old Oddiodian	Ne.	- Justouran	Onlange	TYGGSUIT		
					1		

Attachment B.2.b.iv-5 NAIC 213 WHICKY - 2018 Annual Statement 27.3



GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Wells Capital Management	U
Oppenhe i mer	U.
Deutsche Bank	U.
SunTrust	U

28.0597	For	those firms	s/individua	als listed in	n the table fo	r Questior	1 28.05,	do any	firms/indiv	iduals	unaffiliated	with th	e reporting	g entity
	(i 👝	designate	d with a "	II") mana	ne more than	10% of th	e renor	tina en	tity's asset	2				

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No [X]

res	Į	X]	NO	l	J

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104973	Wells Capital Management	549300B3H21002L85190	SEC	DS
0571	Oppenheimer & Co	254900VH02JQR2L8XD64	SEC	DS
104518	Deutsche Bank	CZ83K4EEX8QVCT3B128	SEC	DS
N/A	SunTrust	7E1PDLW1JL6TS0BS1G03	State Securities Authority	NO
			·	

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?
 29.2 If yes, complete the following schedule:

Yes [] No [X]

1 CUSIP#	2 Name of Matanal Francis	3
CUSIP#	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3 Amount of Mutual Fund's	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation
,			

30 Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or

statement value for fair value.			
	1	2	3
			Excess of Statement over Fair Value (-),
	Statement (Admitted)		or Fair Value
	Value	Fair Value	over Statement (+)
30.1 Bonds	378,260,667	376,461,727	(1,798,940)
30.2 Preferred Stocks	0		0
30.3 Totals	378,260,667	376,461,727	(1,798,940)

30.4	Describe the sources or methods utilized in determining the fair values:	
------	--	--

	30.2 Preferred Stocks	0		0				
	30.3 Totals	378,260,667	376,461,727	(1,798,940)				
80.4	Describe the sources or methods utilize	zed in determining the fair values:						
	Fair market values are obtained from	a third party pricing source						
31.1	Was the rate used to calculate fair val	lue determined by a broker or custo	dian for any of the securities in Sch	nedule D?	Yes	[]	No	Χ
	If the answer to 31.1 is yes, does the for all brokers or custodians used as a		broker's or custodian's pricing pol	icy (hard copy or electronic copy)	Yes	[]	No	
31.3	If the answer to 31.2 is no, describe value for Schedule D:	the reporting entity's process for de	etermining a reliable pricing source	for purposes of disclosure of fair				
	Fair market values are obtained from	a third party pricing source						
32.1	Have all the filing requirements of the	Purposes and Procedures Manual	of the NAIC Investment Analysis C	Office been followed?	Yes	[X]	No	
32.2	If no, list exceptions:							



WellCare° of Kt. Beyond Healthcare, A Better You.

GENERAL INTERROGATORIES

By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security: a.Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available. b.Issuer or obligor is current on all contracted interest and principal payments. c.The insurer has an actual expectation of ultimate payment of all contracted interest and principal. Has the reporting entity self-designated 5GI securities? Yes [] No [X] 34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security: a. The security was purchased prior to January 1, 2018. b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO. Has the reporting entity self-designated PLGI securities? Yes [] No [X] **OTHER** .0 35.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? 35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement. Name Amount Paid 0 36.1 Amount of payments for legal expenses, if any? \$ 36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement. Amount Paid Name 37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, 0 if any? 37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement. Amount Paid . Name

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GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 1.2 1.3	2 If yes, indicate premium earned on U.S. business only.								No [X]
1.4 1.5 1.6	Indicate amount of earned premium attributable to Cana Indicate total incurred claims on all Medicare Supplement Individual policies:		ot included in	n Item (1.2) above					0
			Most currer	nt three years:					
			1.61 Total	oremium earned					0
				ncurred claims		•			0
				er of covered lives					0
				ior to most current three	e years				
			-	oremium earned		·			0
				ncurred claims					0
4 -			1.66 Numb	er of covered lives					0
1.7	Group policies:								
				nt three years:		¢.			0
			-	oremium earned ncurred claims					0
				er of covered lives					0
				ior to most current three	a veare				0
				oremium earned	e years				0
			-	ncurred claims					0
				er of covered lives		·			0
2.	Health Test:								
-	Tioditi Tost.								
				1		2			
				Current Year		Prior Year			
	2.1	Premium Numerator	\$.	3,028,969,132	\$	2,811,904,0	68		
	2.2	Premium Denominator	\$.	3,025,063,757		2,811,904,0			
	2.3					1.0			
		Premium Ratio (2.1/2.2)		1.001					
	2.4	Reserve Numerator		334,205,110		327 , 436 , 6			
	2.5	Reserve Denominator	\$.	334, 205, 110	\$	327,436,6	97		
	2.6	Reserve Ratio (2.4/2.5)		1.000		1.0	00		
3.1 3.2	Has the reporting entity received any endowment or g returned when, as and if the earnings of the reporting en If yes, give particulars:		itals, physici	ans, dentists, or others	s that i	s agreed will be	Yes	[]	No [X]
4.1 4.2 5.1	Have copies of all agreements stating the period and dependents been filed with the appropriate regulatory ag If not previously filed, furnish herewith a copy(ies) of suc Does the reporting entity have stop-loss reinsurance?	ency?	-				Yes		No [] No []
5.2	If no, explain:								
5.3	Maximum retained risk (see instructions)		-	orehensive Medical					
			5.32 Medic	=		•			2,750,000
				care Supplement		•			
				al and Vision					
				Limited Benefit Plan		•			
6.	Describe arrangement which the reporting entity may	have to protect subscrib	5.36 Other		tho ri				
0.	Describe arrangement which the reporting entity may including hold harmless provisions, conversion privilege any other agreements:	s with other carriers, agre	ements with	providers to continue	renderi	ing services, and			
7.1 7.2	The Company is required by the Department of Insura Additionally, all provider contracts include provisions Does the reporting entity set up its claim liability for provi If no, give details	s for continuity of care to it	ts subscribe		ific eve	nt of insolvency.	Yes	[X]	No []
	-								
8.	Provide the following information regarding participating	•							20 200
			-	ers at start of reporting	-				38 ,600
0.4	Dogs the reporting outiful have been produced to			ers at end of reporting y					47,400
9.1	Does the reporting entity have business subject to premi	um rate guarantees?					168	[]	No [X]
9.2	If yes, direct premium earned:			guarantees between 15 guarantees over 36 mg					
		0.22 Dusine	, miniale	34414111000 0V01 00 1110					

Minimum Net Worth = Greater of \$1,500,000 or Company Action Level Risk Based Capital ("RBC") Calculation



GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

10.1	Does the reporting entity have Incentive Pool, Withhold or E	Bonus Arrangements in its provider contracts?	Yes [X] No []
10.2	If yes:		
		10.21 Maximum amount payable bonuses	\$ 13,499,468
		10.22 Amount actually paid for year bonuses	\$ 1,899,374
		10.23 Maximum amount payable withholds	\$ 0
		10.24 Amount actually paid for year withholds	\$0
11.1	Is the reporting entity organized as:		
		11.12 A Medical Group/Staff Model,	Yes [] No [X]
		11.13 An Individual Practice Association (IPA), or,	Yes [] No [X]
		11.14 A Mixed Model (combination of above)?	Yes [] No [X]
11.2	Is the reporting entity subject to Statutory Minimum Capital	and Surplus Requirements?	Yes [X] No []
11.3	If yes, show the name of the state requiring such minimum	capital and surplus.	Kentucky
11.4	If yes, show the amount required.		\$ 190,174,386
11.5	Is this amount included as part of a contingency reserve in	stockholder's equity?	Yes [] No [X]

1
Name of Service Area
Alabama
Alaska
Ar i zona.
Arkansas
California
Colorado
Connect i cut.
De laware
District of Columbia
Georgia
Hawai i
Idaho
Illinois
Indiana
lowa
Kansas
Kentucky.
Louisiana
Mary Land
Massachusetts
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Jersey
New Mexico
North Dakota
Ohio
Ok lahoma.
Oregon
Pennsylvania
Rhode Island.
South Carolina
South Dakota
Tennessee
Utah
Virginia
Washington
West Virginia
Wisconsin
Wyoming

13.1	Do you act as a custodian for health savings accounts?

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

13.2 If yes, please provide the amount of custodial funds held as of the reporting date.

13.3 Do you act as an administrator for health savings accounts?

13.4 If yes, please provide the balance of the funds administered as of the reporting date.

14.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

 $14.2\,\,$ If the answer to 14.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
	NAIC Company	Domiciliary		5	6 Trust	7
Company Name	Code	Jurisdiction	Reserve Credit	Letters of Credit	Agreements	Other

Attachment B.2.b.iv-5 NAIC 213 WHICKY - 2018 Annual Statement 28.1

Yes [] No [X]

Yes [] No [X]

Yes [] No [X N/A []



GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

15.	Provide the following for Indiv	dual ordinary life insurance* policies (U.S. business Only) for	the current year:	
		15.1 Direct Pre	mium Written (prior to reinsurance ceded)	\$
		15.2 Total incu	red claims	\$
		15.3 Number o	covered lives	
		*Ordinary Life Insurance Includes		
		Term (whether full underwriting, limited underwriting, jet issue, "short for	orm app")	
		Whole Life (whether full underwriting, limited underwriting, jet issue, "s	nort form app")	
		Variable Life (with or without Secondary Guarantee)		
		Universal Life (with or without Secondary Guarantee)		
		Variable Universal Life (with or without Secondary Guarantee)		
16.	Is the reporting entity licensed	or chartered, registered, qualified, eligible or writing business	in at least two states?	Yes [X] No []
16.1	If no, does the reporting entity the reporting entity?	assume reinsurance business that covers risks residing in at	least one state other than the state of domicile	e of Yes [] No []



FIVE - YEAR HISTORICAL DATA

	FIVE -	I EAK HIS				
		1 2018	2 2017	3 2016	4 2015	5 2014
Balan	ice Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)	811,503,793	908,119,470	682,887,079	691,837,382	522,623,243
2.	Total liabilities (Page 3, Line 24)		594,381,010	399,655,447	390 , 493 , 170	310,914,056
3.	Statutory minimum capital and surplus requirement		193,920,762	181,014,066	170 ,817 ,224	149 , 455 , 650
4.				283,231,632	301,344,212	211,709,187
	ne Statement (Page 4)		, ,	, ,	, ,	,
5.	Total revenues (Line 8)	3,023,399,764	2,815,182,486	2,753,399,048	2,763,192,173	2,419,363,353
6.	Total medical and hospital expenses (Line 18)			2,374,736,614		
7.			34,483,811	31,867,704	50,786,879	72,914,641
8.	Total administrative expenses (Line 21)		199,670,270	259,034,543	220,615,018	134 , 240 , 495
9.	Net underwriting gain (loss) (Line 24)	152,964,507	123,391,078		210,059,274	149,651,357
10.	Net investment gain (loss) (Line 27)		8,362,193	3,465,435	2,627,363	991,263
11.	- ' ' ' '		(2,291,581)	(3,595,318)	(1,280,689)	0
12.	Net income or (loss) (Line 32)			42,197,819		88,988,656
	Flow (Page 6)					
13.	Net cash from operations (Line 11)	(6,113,476)	206,427,768	89,814,723	249,053,061	149 , 174 , 385
	Based Capital Analysis		, ,	, ,	, ,	, ,
14.	Total adjusted capital	362,949,494	313,738,460	283,231,632	301,344,212	211,709,187
	Authorized control level risk-based capital			90,507,033		
	Iment (Exhibit 1)		, ,			, ,
	Total members at end of period (Column 5, Line 7)	551,644	559,161	528,762	525,443	530,406
	Total members months (Column 6, Line 7)			6,359,416		5,911,513
	ating Percentage (Page 4)	, , , , , , , , , , , , , , , , , , , ,	, , , , , ,	, , , ,	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	divided by Page 4, sum of Lines 2, 3, and 5) x 100.0					
	Premiums earned plus risk revenue (Line 2 plus Lines 3					
	and 5)	100.0	100.0	100.0	100.0	100.0
19.	Total hospital and medical plus other non-health (Lines 18 plus Line 19)	84.0	87.3	86.2	82.6	85.3
20.	Cost containment expenses			0.5		1.3
21.	Other claims adjustment expenses				1.1	1.7
	Total underwriting deductions (Line 23)			96.8	92.4	93.8
	Total underwriting gain (loss) (Line 24)			3.2	7.6	6.2
	id Claims Analysis					
	Exhibit, Part 2B)					
	Total claims incurred for prior years (Line 13, Col. 5)	254,357,167	246,135,196	232,726,606	230 ,717 ,598	140,232,586
25.	Estimated liability of unpaid claims – [prior year (Line 13,					
	Col. 6)]	315,938,392	297 , 169 , 827	311,935,033	287 , 236 , 907	139,031,713
Inves	tments In Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)			0		0
29.				0		0
30.	Affiliated mortgage loans on real estate			0	0	0
31.	All other affiliated	0	0	0	0	0
32.	Total of above Lines 26 to 31	0	0	0	0	0
33.	Total investment in parent included in Lines 26 to 31					
	above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors?.......

If no, please explain





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF	F Alabama			DURING THE YEAR	2018	1	T	NA NA	IC Company Code	64467
	1	Compre (Hospital &	hensive & Medical)	4	5	6	7	8	9	10
		2	3				Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	34,261									34,26
2 First Quarter	32,192									32,19
3 Second Quarter	31,479									31,47
4. Third Quarter	31,265									31,26
5. Current Year	30,847									30,84
6 Current Year Member Months	378,740									378,74
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	25,694,731									25,694,73
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	25,694,731									25,694,73
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	20,328,978									20,328,97
18. Amount Incurred for Provision of Health Care Services	18,563,588									18,563,58

⁽a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......25,694,731





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 BUSINESS IN THE STATE OF Alaska NAIC Group Code 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$:





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF Arizona 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

a) For health husiness: number of i	persons insured under PPO managed care p	roducts () and	d number of n	ersons insured under indemnity	/ only	nroducts	0
u) i di noditii badinodo. namboi di j	poroono modrod dilaci i i o managod odro j	noadoto •	and	a mannoci oi p	ordono modrod dilaci maciminty	, 0,	producto	*





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. (LOCATION)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE O	F Arkansas			DURING THE YEAR	2018	T	1	NA NA	IC Company Code	64467
	1	(Hospital a	hensive & Medical)	4	5	6	7	8	9	10
		2	3]			Federal			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	27,554									27 , 55
2 First Quarter	24,592									24 , 59
3 Second Quarter	24,092									24,09
4. Third Quarter	23,849									23 , 84
5. Current Year	23,679									23,67
6 Current Year Member Months	289,352									289,35
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	15,448,849									15,448,84
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	15,448,849									15 , 448 , 84
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	12,222,712									12,222,7
18. Amount Incurred for Provision of Health Care Services	11,161,279									11,161,27

⁽a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......15,448,849





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF California 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

a) For health husiness: number of i	persons insured under PPO managed care p	roducts () and	d number of n	ersons insured under indemnity	/ only	nroducts	0
u) i di noditii badinodo. namboi di j	poroono modrod dilaci i i o managod odro j	noadoto •	and	a mannoci oi p	ordono modrod dilaci maciminty	, 0,	producto	*





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. (I OCATION)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE O	F Colorado			DURING THE YEAR	2018	T	T	NA I	IC Company Code	64467
	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
		2	3]			Fadanal			
							Federal Employees			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
	Total	muividuai	Group	Supplement	Offig	Offig	Fiaii	Medicare	iviedicaid	Other
Total Members at end of:										
1. Prior Year	I .									7 ,42
2 First Quarter	7,367									7 , 36
3 Second Quarter	7,512									7,51
4. Third Quarter	7,859									7 , 85
5. Current Year	8,175									8,17
6 Current Year Member Months	91,374									91,3
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	5,880,842									5,880,8
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	5,880,842									5,880,8
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,652,764									4,652,7
18. Amount Incurred for Provision of Health Care Services	4,248,713									4,248,7

⁽a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE STATE OF	F Connecticut			DURING THE YEAR	2018	1	T	NA I	IC Company Code	64467
	1	(Hospital	ehensive & Medical)	4	5	6	7	8	9	10
		2	3]			Federal			
							Employees			
	T	Individual		Medicare	Vision Only	Dental Only	Health Benefit Plan	Title XVIII	Title XIX Medicaid	Other
	Total	maividuai	Group	Supplement	Only	Only	Plan	Medicare	iviedicald	Otner
Total Members at end of:										
1. Prior Year	15,930									15,9
2 First Quarter	14,975									14,9
3 Second Quarter	14,455									14 , 4
4. Third Quarter	14,327									14,3
5. Current Year	14,306									14,30
6 Current Year Member Months	174,611									174,6
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	12,494,209									12,494,2
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	12,494,209									12,494,2
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	9,885,081									9,885,0
18. Amount Incurred for Provision of Health Care Services	9,026,650									9,026,6

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$12,494,209





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF Delaware 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business; number of persons insured under PPO managed care products	0	and number of persons insured under indemnity only products 0
(a) i oi nealth bachless. Hamber of persons meared ander i i o managed care products	<u>- </u>	_and namber of percent incured and indentified only producte -





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) BUSINESS IN THE STATE OF District of Columbia **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business; number of persons insured under PPO managed care products	0	and number of persons insured under indemnity only products 0
(a) i oi nealth bachless. Hamber of persons meared ander i i o managed care products	<u>- </u>	_and namber of percent incured and indentified only producte -

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF Georgia 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0
(a) I of fleatili business. Humber of persons insured under I I o managed care products	and number of persons insured under indefinity only products •

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 BUSINESS IN THE STATE OF Hawaii NAIC Group Code 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 BUSINESS IN THE STATE OF Idaho NAIC Group Code 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF Illinois 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(2)	Ear hoalth business: number of pers	sons insured under PPO managed care pro	aducte ()	and number of	persons insured under indemnity	, only	v producte	0
(a)) i di nealli business. Humber di pers	sons insured under FFO managed care pro	Juucis	,	and number of	persons insured under indentinity	OHI	y products	O .

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF Indiana 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured unde	r indemnity only products 0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 BUSINESS IN THE STATE OF Iowa NAIC Group Code 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF Kansas 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(2)	Ear hoalth business: number of pers	sons insured under PPO managed care pro	aducte ()	and number of	persons insured under indemnity	, only	v producte	0
(a)) i di nealli business. Humber di pers	sons insured under FFO managed care pro	Juucis	,	and number of	persons insured under indentinity	OHI	y products	O .





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

WellCare Health Insurance Company of Kentucky, Inc. REPORT FOR: 1. CORPORATION

								(LOCATION)		
AIC Group Code 01199 BUSINESS IN THE STATE C	OF Kentucky			DURING THE YEAR	2018			NA NA	IC Company Code	64467
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	457 , 395							9,304	448,091	
2 First Quarter	470,742							12,060	458,682	
3 Second Quarter	467 ,800							12,865	454,935	
4. Third Quarter	461,626							13,434	448, 192	
5. Current Year	457,771							13,777	443,994	
6 Current Year Member Months	5,583,200							154,053	5,429,147	
Total Member Ambulatory Encounters for Year:										
7. Physician	2,878,612							197,012	2,681,600	
8. Non-Physician	2,993,558							102,834	2,890,724	
9. Total	5,872,170	0	0	0	0	0	0	299,846	5,572,324	
10. Hospital Patient Days Incurred	361,799							48,777	313,022	
11. Number of Inpatient Admissions	62,565							6,310	56,255	
12. Health Premiums Written (b)	2,952,925,605							181,650,208	2,771,275,397	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,951,261,612							181,650,208	2,769,611,404	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,483,806,631							134,387,621	2,349,419,010	
18. Amount Incurred for Provision of Health Care Services	2,486,802,715							140,116,843	2,346,685,872	

⁽a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF Louisiana 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0
(a) I of ficallit business. Humber of persons insured under I I o managed care products	and number of persons insured under indefinity only products •

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) BUSINESS IN THE STATE OF Maryland **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0	

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF Massachusetts 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0	





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. (LOCATION)

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE OF	F Minnesota			DURING THE YEAR	2018			NA I	IC Company Code	64467
	1	Compre (Hospital	hensive & Medical)	4	5	6	7	8	9	10
		2	3]			[
							Federal Employees			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Onlv	Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:	rotar	marriada	Стоир	Саррынын	Giny	O'my	T idii	Modisaro	Modicald	Outo
1. Prior Year										8,52
2 First Quarter	8,315									8,31
3 Second Quarter										8,572
4. Third Quarter	9,036									9 , 03
Current Year	9,429									9,42
6 Current Year Member Months	104,305									104,30
Total Member Ambulatory Encounters for Year:	104,300									104,50
•										
7. Physician	0									
8. Non-Physician										
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	6,908,749									6,908,74
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										6,908,74
16. Property/Casualty Premiums Earned	' '									,,
Amount Paid for Provision of Health Care Services	5,466,016									5 , 466 , 01
Amount Incurred for Provision of Health Care Services	4,991,342									4,991,34
Amount incurred for Provision of Health Care Services	4,001,042			I	l	1	1	l .		4,001,04

⁽a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 BUSINESS IN THE STATE OF Mississippi NAIC Group Code 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician. 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) BUSINESS IN THE STATE OF Missouri **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0	





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

WellCare Health Insurance Company of Kentucky, Inc.

2. ______

								(LOCATION)		
NAIC Group Code 01199 BUSINESS IN THE STATE O	PF Montana			DURING THE YEAR	2018	T	T	NA I	IC Company Code	64467
	1	Compre (Hospital	hensive & Medical)	4	5	6	7	8	9	10
		2	3	1						
							Federal Employees			
				Medicare	Vision	Dental	Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	3,184									3 , 18
2 First Quarter	3,160									3,16
3 Second Quarter	3,232									3,23
4. Third Quarter	3,354									3,35
5. Current Year	3,447									3,44
6 Current Year Member Months	39,167									39,16
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	2,477,275									2,477,27
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	2,477,275									2,477,27
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,959,953									1,959,95
18. Amount Incurred for Provision of Health Care Services	1,789,749									1,789,74

⁽a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......2,477,275





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF Nebraska 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business; number of persons insured under PPO managed care products	0	and number of persons insured under indemnity only products 0
(a) i oi nealth bachless. Hamber of persons meared ander i i o managed care products	<u>- </u>	_and namber of percent incured and indentified only producte -





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF Nevada 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

a) For health husiness: number of i	persons insured under PPO managed care p	roducts () and	d number of n	ersons insured under indemnity	/ only	nroducts	0
u) i di noditii badinodo. namboi di j	poroono modrod dilaci i i o managod odro j	noadoto •	and	a mannoci oi p	ordono modrod dilaci maciminty	, 0,	producto	*

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF New Jersey 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(2)	\ For health business: number of per	sons insured under PPO managed care p	roducto	Λ	and number of	persons insured under indemnity	, onl	v producte	0
(a)) i di nealli business. Humber di per	sons insured under FFO managed care p	nouucis	U .	and number of	persons insured under indentitity	/ 0111	y products	O .

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF New Mexico 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

a) For health husiness: number of i	persons insured under PPO managed care p	roducts () and	d number of n	ersons insured under indemnity	/ only	nroducts	0
u) i di noditii badinodo. namboi di j	poroono modrod dilaci i i o managod odro j	noadoto •	and	a mannoci oi p	ordono modrod dilaci maciminty	, 0,	producto	*

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF North Dakota 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured unde	r indemnity only products 0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 BUSINESS IN THE STATE OF Ohio NAIC Group Code 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insura	nce Company of Kentuc	cky, Inc.				2				
NAIC Group Code 01199 BUSINESS IN THE STATE OF 0	Oklahoma			DURING THE YEAR	2018			(LOCATION) NA	IC Company Code	64467
	1	Compre (Hospital &	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	. 0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	. 0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) BUSINESS IN THE STATE OF Oregon **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF Pennsylvania 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured unde	r indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
IAIC Group Code 01199 BUSINESS IN THE STATE OF	F Rhode Island			DURING THE YEAR	2018	T	1	NA	IC Company Code	64467
	1	Compre Hospital (hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:	1000	arviada.	3.500	Саррынын	J,	5,		ou.ou.o	moulouid	
1. Prior Year	4,884									4,8
2 First Quarter	4,335									4,3
3 Second Quarter	4,306									4,3
4. Third Quarter	4,316									4,3
5. Current Year	3,990									3,99
6 Current Year Member Months	50,906									50,90
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,491,772									3,491,7
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written				ļ						
15. Health Premiums Earned	3,491,772									3,491,7
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,762,596									2,762,59
18. Amount Incurred for Provision of Health Care Services	2,522,689									2,522,68

⁽a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......3,491,772





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 BUSINESS IN THE STATE OF South Carolina NAIC Group Code 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician. 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 BUSINESS IN THE STATE OF South Dakota NAIC Group Code 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician. 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF Tennessee 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0
(a) I of fleatili business. Humber of persons insured under I I o managed care products	and number of persons insured under indefinity only products •





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF Utah 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

a) For health husiness: number of i	persons insured under PPO managed care p	roducts () and	d number of n	ersons insured under indemnity	/ only	nroducts	0
u) i di noditii badinodo. namboi di j	poroono modrod dilaci i i o managod odro j	noadoto •	and	a mannoci oi p	ordono modrod dilaci maciminty	, 0,	producto	*





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 BUSINESS IN THE STATE OF Virginia NAIC Group Code 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 BUSINESS IN THE STATE OF Washington NAIC Group Code 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician. 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 BUSINESS IN THE STATE OF West Virginia NAIC Group Code 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician. 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

⁽a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$:





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF Wisconsin 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

For health business: number of persons insured under PPO managed care products 0	and number of persons insured under indemnity only products 0

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION WellCare Health Insurance Company of Kentucky, Inc. (LOCATION) **DURING THE YEAR 2018** NAIC Company Code 64467 NAIC Group Code BUSINESS IN THE STATE OF Wyoming 01199 Comprehensive (Hospital & Medical) 5 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Only Only Plan Medicare Medicaid Other Supplement Total Members at end of: 1. Prior Year 2 First Quarter 3 Second Quarter 4. Third Quarter Current Year 6 Current Year Member Months Total Member Ambulatory Encounters for Year: 7. Physician . 8. Non-Physician 9. Total 10. Hospital Patient Days Incurred 11. Number of Inpatient Admissions 12. Health Premiums Written (b). 13. Life Premiums Direct 14. Property/Casualty Premiums Written 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned. 17. Amount Paid for Provision of Health Care Services 18. Amount Incurred for Provision of Health Care Services

(a) For health business; number of persons insured under PPO managed care products	0	and number of persons insured under indemnity only products 0
(a) i oi nealth bachless. Hamber of persons meared ander i i o managed care products	<u>- </u>	_and namber of percent incured and indentified only producte -





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 01199 BUSINESS IN THE STATE (OF Canadidated	,, .		DURING THE YEAR	2019			(LOCATION)	IC Company Code	64467
NAIC GLOUP COOR OLLBA BOSINESS IN THE STATE (or consolidated	Compre (Hospital 8	hensive	4	5	6	7	8 8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	559,161	0	0	0	0	0	0	9,304	448,091	101,76
2 First Quarter	565,678	0	0	0	0	0	0	12,060	458,682	94,93
3 Second Quarter	561,448	0	0	0	0	0	0	12,865	454,935	93,64
4. Third Quarter	555,632	0	0	0	0	0	0	13,434	448,192	94,00
5. Current Year	551,644	0	0	0	0	0	0	13,777	443,994	93,87
6 Current Year Member Months	6,711,655	0	0	0	0	0	0	154,053	5,429,147	1,128,45
Total Member Ambulatory Encounters for Year:										
7. Physician	2,878,612	0	0	0	0	0	0	197,012	2,681,600	
8. Non-Physician	2,993,558	0	0	0	0	0	0	102,834	2,890,724	
9. Total	5,872,170	0	0	0	0	0	0	299,846	5,572,324	
10. Hospital Patient Days Incurred	361,799	0	0	0	0	0	0	48,777	313,022	
11. Number of Inpatient Admissions	62,565	0	0	0	0	0	0	6,310	56,255	
12. Health Premiums Written (b)	3,025,322,032	0	0	0	0	0	0	181,650,208	2,771,275,397	72,396,42
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	[0 <u>[</u>	
15. Health Premiums Earned	3 ,023 ,658 ,039	0	0	0	0	0	0	181,650,208	2,769,611,404	72,396,42
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	2,541,084,731	0	0	0	0	0	0	134,387,621	2,349,419,010	57 , 278 , 10
18. Amount Incurred for Provision of Health Care Services	2,539,106,725	0	0	0	0	0	0	140,116,843	2,346,685,872	52,304,010

⁽a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$254,046,635



SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC					Type Of	Type Of			Reserve Liability Other Than For	Reinsurance	Modified	
Company	ID			Domiciliary	Reinsurance			Unearned	Unearned	Payable on Paid	Coinsurance	Funds Withheld
Code		Effective Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses		Under Coinsurance
	- U.S Captive		Trainio di Francoi da	04.104.01.0	7100011100	7.00011100	1 10111101110		1.0	and onpaid 200000	1,000,10	0
Affiliates -	- U.S. Other											
12964	20-8058761	01/01/2009	WELLCARE OF TX INC.	TX	SSL/I	MR	24,034					
0299999 -	Total Affiliates	s - U.S. Other					24,034	0	0	0	0	0
0399999 -	Total Affiliates	s - U.S Total					24,034	0	0	0	0	0
Affiliates -	- Non-U.S Capt	tive										
	Non-U.S Othe						04.004	^		1 0.1		
0799999 -	Affiliates - Tot	al Affiliates					24,034	0	0	0	0	0
Non Affiliat	tes – U.S. Non-Af tes – Non-U.S. No	n Affiliatos										
1100000	Total 9 / 9	of 0399999 and 08	(00000)				24,034	0	0	0 1	0	0
1199999 -	TOTAL U.S. (SUIII	1 0399999 and 00	99999) 				24,034	U	U	U	U	U
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9999999	ıotais						24,034	0	0	0	0	0



SCHEDULE S - PART 2

	2	3	able on Paid and Unpaid Losses Listed by Rein 4	5	6	7
1 NAIC Company Code	ID	Effective	Name of	Domiciliary	Paid	Unpaid
Code	Number	Date	Company	Jurisdiction	Losses	Losses
9999999 To	tals—Life, Annui	ty and Accident an	d Health		0	C



SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

			, Re	einsurance Ceded	Accident and Healt	n insurance Liste	ed by Reinsuring Com	pany as of Decen	nber 31, Current Year				
1	2	3	4	5	6	7	8	9	10	Outstanding	Surplus Relief	13	14
NAIC			Name		Type of	Type of	1	Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for	• •	·-	Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
				Uditadiction	Ocaca	Ocaca	1 Icilianis	(LStimated)	oneamed i temiding	Ouricht rour	T HOI T CAI	TROSCIVO	Onder Comparance
	eneral Account - Authorized - Affiliates - U.S Captive eneral Account - Authorized - Affiliates - U.S Other												
			Non-U.S Captive										
		ed - Affiliates -											
			es - U.S. Non-Affiliates										
11835	04-1590940		PARTNERRE AMER INS CO	I DE	SSL/I	MR	7,700		T T		Т	Ι	
11835	04 - 1590940		PARTNERRE AMER INS CO	DE DE	SSL/1	MC	274,609						
			Non-Affiliates - U.S. Non-Affiliates				282.309		0 0	Λ	0	Λ	0
			es - Non-U.S. Non-Affiliates				202,309		0]	U	U	U	U
							202 200 1		0.1	0	1 0	1	
			Non-Affiliates - Total Authorized Non-Affiliates				282,309		0 0	0	0	0	0
			Total General Account Authorized				282,309		0 0	U	0	0	U
		ized - Affiliates											
		ized - Affiliates											
			- Non-U.S Captive										
			- Non-U.S Other										
			ates - U.S. Non-Affiliates										
			ates - Non-U.S. Non-Affiliates										
		d - Affiliates - L											
		d - Affiliates - L											
			Non-U.S Captive										
		d - Affiliates - N											
			s - U.S. Non-Affiliates										
General Ac	count – Certifie	d – Non-Affiliates	s - Non-U.S. Non-Affiliates										
3499999	General Accoun	t – Total General	Account Authorized, Unauthorized and Certified				282,309		0 0	0	0	0	0
Separate A	counts - Author	ized - Affiliates	- U.S Captive										
Separate A	counts - Author	ized - Affiliates	- U.S Other										
Separate A	counts - Author	ized - Affiliates	- Non-U.S Captive										
Separate A	counts - Author	ized - Affiliates	- Non-U.S Other										
Separate A	counts - Author	ized - Non-Affilia	ates - U.S. Non-Affiliates										
Separate A	counts - Author	ized - Non-Affilia	ates - Non-U.S. Non-Affiliates										
Separate A	counts - Unauth	orized – Affiliate	es - U.S Captive										
Separate A	counts - Unauth	orized - Affiliate	es - U.S Other										
			es - Non-U.S Captive										
			es - Non-U.S Other										
			liates - U.S. Non-Affiliates										
			liates - Non-U.S. Non-Affiliates										
		ied - Affiliates -											
		ied - Affiliates -											
			- Non-U.S Captive										
			- Non-U.S Captive - Non-U.S Other										
			tes - U.S. Non-Affiliates										
			tes - Non-U.S. Non-Affiliates	0 4000000 4000000	F200000 F000000 1	C400000)	1 000 000 1		0.1	^	1 ^	1 ^	
		III 01 0399999, 0899	999, 1499999, 1999999, 2599999, 3099999, 379999	9, 4299999, 4899999,	วงรรรรร วรรรรรร and	0499999)	282,309		0 0	0	0	0	0
9999999	ıotals						282,309		0 0	0	0	0	0



Schedule S - Part 4 NONE

Schedule S - Part 5 NONE



SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	(\$000	Omitted)	1		
	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums	0	9	22	195	1,210
Title XVIII-Medicare	8	5	6	2	30
Title XIX-Medicaid	275	257	302	364	1,827
Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable		0	0	0	0
Reinsurance recoverable on paid losses	0	114	889	1,597	2,156
9. Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	114	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)			0	0	0
21. Other (O)	0	0	0	0	0



SCHEDULE S - PART 7 Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	725,088,224		725,088,224
2.	Accident and health premiums due and unpaid (Line 15)	25,084,695		25,084,695
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	61,330,874		61,330,874
6.	Total assets (Line 28)	811,503,793	0	811,503,793
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	312,532,200	0	312,532,200
8.	Accrued medical incentive pool and bonus payments (Line 2)	7,851,964		7,851,964
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	128,170,135		128,170,135
15.	Total liabilities (Line 24)	448 , 554 , 299	0	448 , 554 , 299
16.	Total capital and surplus (Line 33)	362,949,494	XXX	362,949,494
17.	Total liabilities, capital and surplus (Line 34)	811,503,793	0	811,503,793
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		



SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

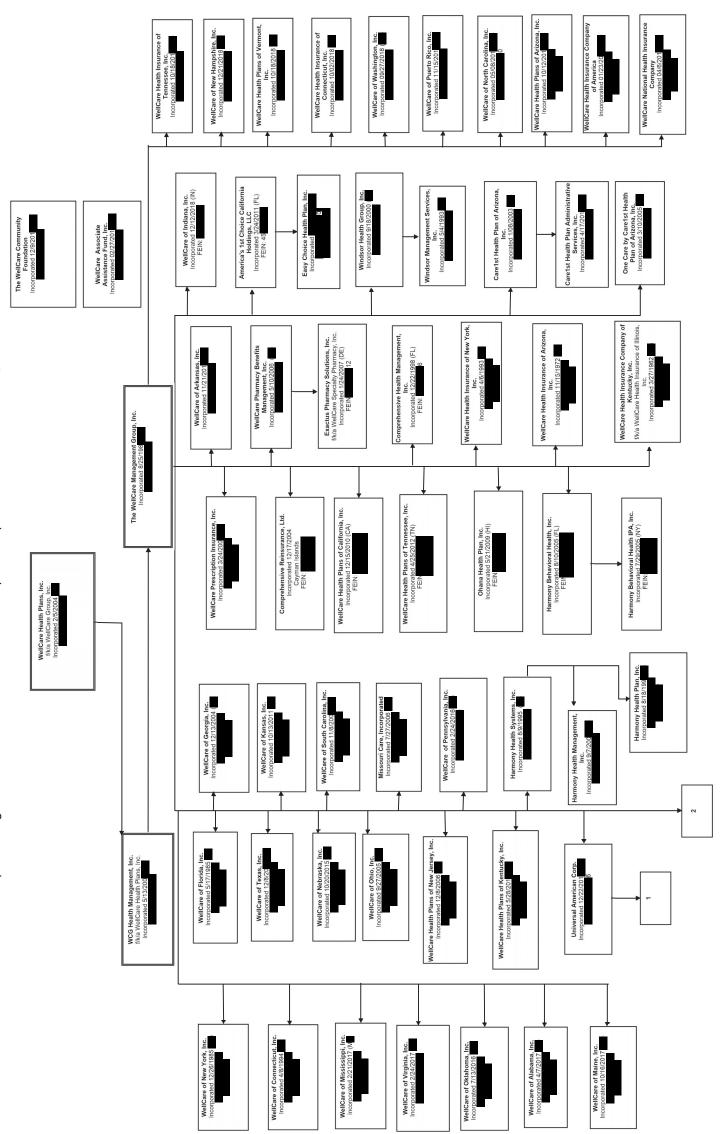
			, ,		Allocated by S	States and Territo		O. I			
			1				Direct Bus	iness Only 6			
	State, Etc.		Active Status (a)	2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Consideration s	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1.	Alabama	AL	L	25,694,731		71,10				25,694,731	0
2.	Alaska	AK	L							0	0
3.	Arizona		L							0	0
4.	Arkansas		L	15,448,849						15,448,849]0
5. 6.	California		L	5 ,880 ,842						5,880,842]
7.	Connecticut		L	12,494,209						12,494,209	0
8.	Delaware	DE	L							0	0
9.	District of Columbia		L							0	0
10.	Florida		N							0	0
11.	Georgia		L							0]0
12. 13.	HawaiiIdaho		L]0 n
14.	Illinois	IL	L							0	0
15.	Indiana		Ĺ							0	0
16.	lowa	IA	L							0	0
17.	Kansas		L							0	0
18.	Kentucky		ļ		181,650,208	2,771,275,397	ļ	 		2,952,925,605	J0
19.	Louisiana		LL							₀	J0
20. 21.	Maine Maryland	ME MD	N							1	0
21.	Massachusetts									n	n
23.	Michigan		N							0	0
24.	Minnesota	MN	L	6,908,749						6,908,749	0
25.	Mississippi		L							0	0
26.	Missouri		L							0	0
27.	Montana		LL	2 , 477 , 275						2,477,275	0
28. 29.	Nebraska		L								J
30.	New Hampshire		N.							0	
31.	New Jersey		L.							0	0
32.	New Mexico		L							0	0
33.	New York	NY	N.							0	0
34.	North Carolina		N							0	0
35.	North Dakota		L							·0]0
36.	Ohio	OH OK	L							0	00
37. 38.	Oregon		L							0	l
39.	Pennsylvania		Ĺ							0	0
40.	Rhode Island		L	3,491,772						3,491,772	0
41.	South Carolina	SC	L							0	0
42.	South Dakota		L							0	0
43.	Tennessee		L							0	0
44.	Texas		N]0
45. 46.	Utah Vermont		N N							n	l
47.	Virginia		L							0	0
48.	Washington	WA	L							0	0
49.	West Virginia	WV	L							0	J0
50.	Wisconsin		 							. 0	J0
51.	Wyoming		N							ļ	J
52. 53.	American SamoaGuam		NN.							n	l
54.	Puerto Rico		N							0	0
55.	U.S. Virgin Islands		N.							0	0
56.	Northern Mariana Islands	MP	N							0	0
57.	Canada		N			<u> </u>				0	0
58.	Aggregate other alien		XXX	0	0	0	0	0	0	0	J0
59. 60.	Subtotal Reporting entity contribution Employee Benefit Plans	ons for	XXX	72,396,427	181,050,208	2,771,275,397	0	J	0	3,025,322,032	0
61.	Total (Direct Business)		XXX	72,396,427	181,650,208	2,771,275,397	0	0	0	3,025,322,032	0
DETAILS	OF WRITE-INS			,		. ,					
			XXX							ļ	<u> </u>
58002. 58003.			XXXXXX	,,,,,,						<u> </u>	
	Summary of remaining wri			_	^	_					_
58999.	for Line 58 from overflow p Totals (Lines 58001 through	gh T	XXX	0	0	0	0	0	0	0	0
	58003 plus 58998) (Line 5 above)	8	XXX	0	0	0	0	0	0	0	0

(b) Explanation of basis of allocation of premiums by states, etc. Allocated according to benefit state

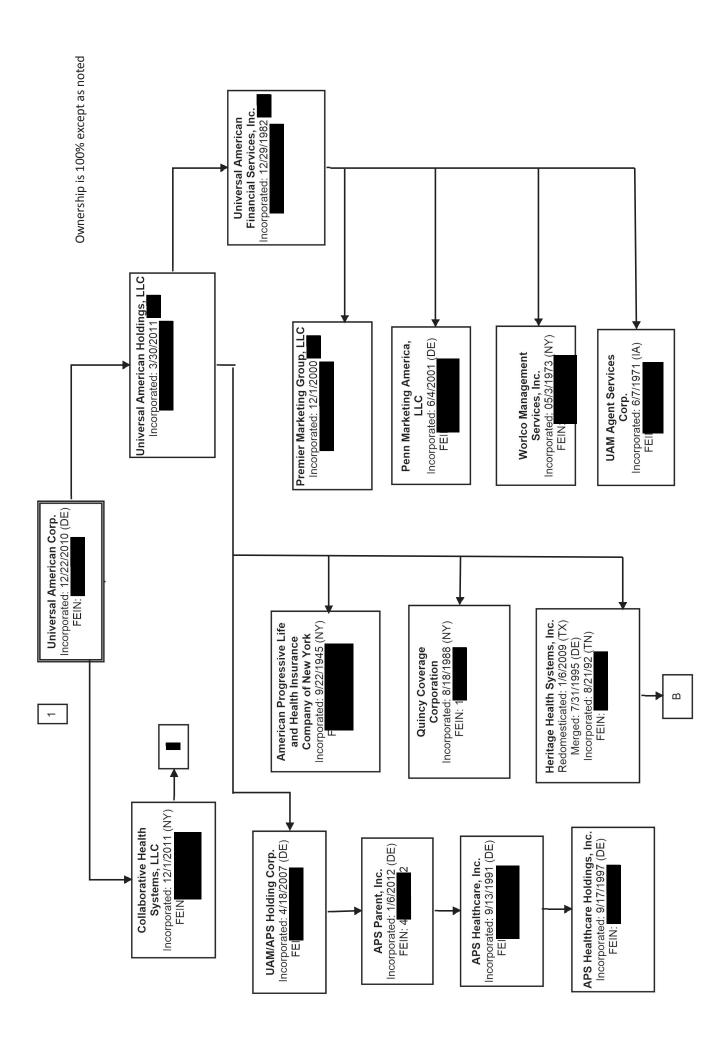


SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

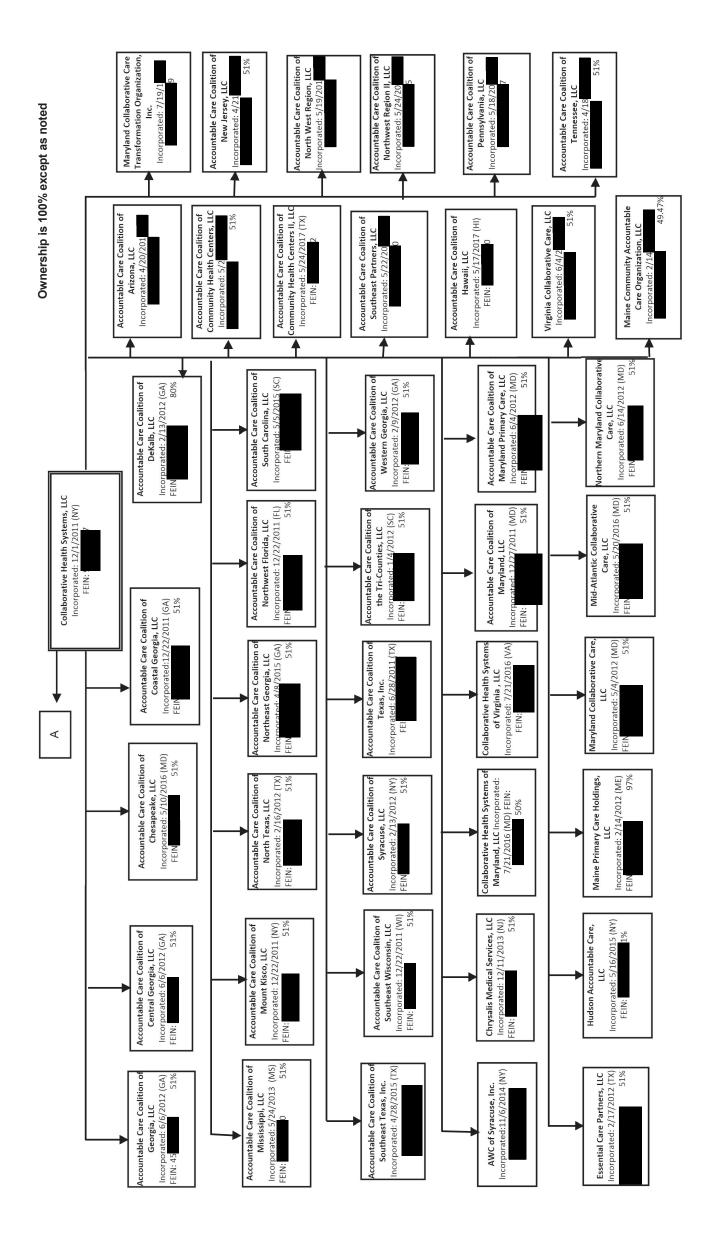
	Allocated By States and Territories Direct Business Only						
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama							
2. Alaska							
3. Arizona							
4. Arkansas							
5. California							
6. Colorado							
7. Connecticut							
8. Delaware							
9. District of Columbia							
10. Florida							
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	N						
16. lowa							
17. Kansas							
18. Kentucky							
19. Louisiana							
20. Maine	F						
21. Maryland							
22. Massachusetts							
23. Michigan							
24. Minnesota							
25. Mississippi			$f \sim 1 + 1 + 1 + 1$				
26. Missouri			H	-			
27. Montana	T I		\{\{\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
28. Nebraska			\\\ <i>J</i> ++-\	-			
29. Nevada							
30. New Hampshire							
31. New Jersey							
32. New Mexico							
33. New York	NY						
34. North Carolina							
35. North Dakota	ND						
36. Ohio	HO						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania							
40. Rhode Island							
41. South Carolina							
42. South Dakota							
43. Tennessee							
44. Texas							
45. Utah							
46. Vermont	VT						
47. Virginia							
48. Washington							
•			1				
49. West Virginia							
50. Wisconsin			1	1			
51. Wyoming							
52. American Samoa							
53. Guam							
54. Puerto Rico							
55. US Virgin Islands							
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate Other Alien	TO						
59. Totals	İ	0			0	0	



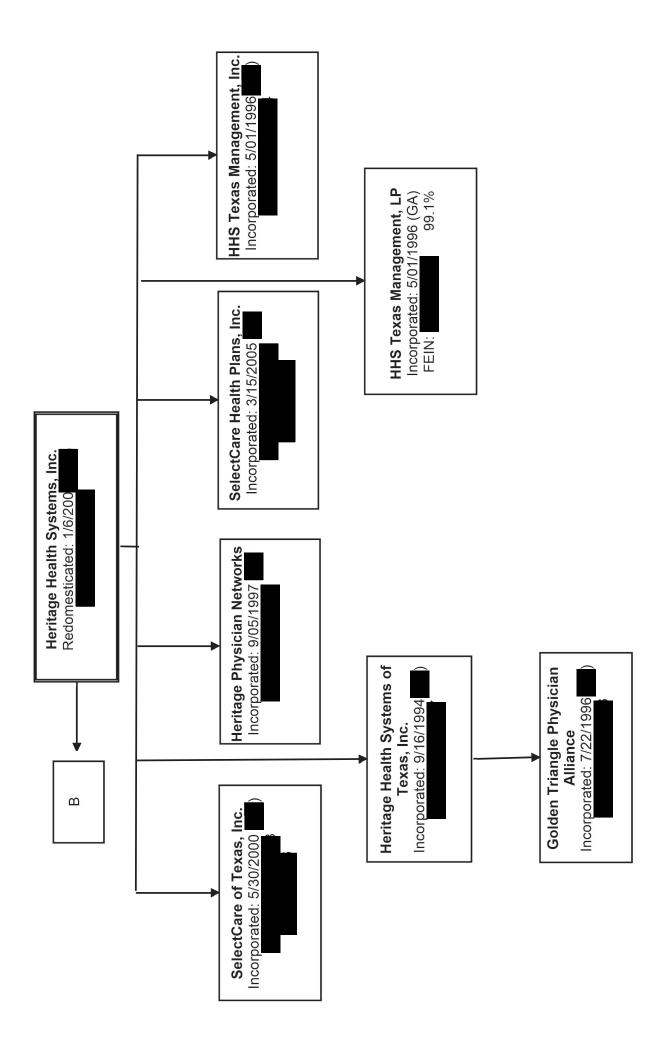




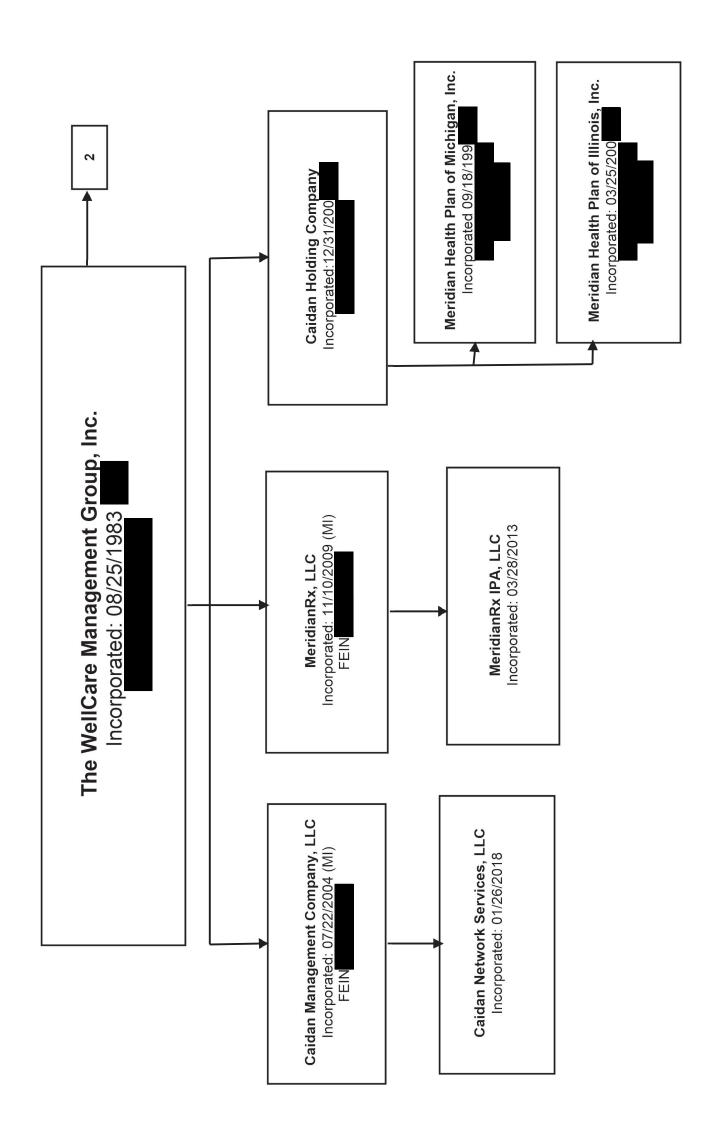














1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries Or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide	Ultimate Controlling Entity(ies)/Person(s)	Required? (Y/N)	*
Code	Group Name	Code	Number	KSSD	CIK	international)	Of Affiliates	Location	Entity	(Name of Entity/Person)	iniluence, Other)	Percentage	WellCare Health	(f /N)	
01199	WellCare Health Plans Inc						WellCare of Connecticut Inc	CT	I A	WellCare of New York, Inc	Ownership	100.0	Plans, Inc	N	
01199	 WellCare Health Plans Inc							FL	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans. Inc.	l N	
							Comprehensive Health Management			The WellCare Management	, , , , , , , , , , , , , , , , , , , ,		WellCare Health		
01199	WellCare Health Plans Inc						Inc The WellCare Management Group,	FL	NIA	Group, Inc	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc						Inc	NY	UDP	WCG Health Management, Inc	Ownership	100.0	Plans, Inc	N.	
01199	 WellCare Health Plans Inc						WellCare of New York Inc	NY	I A	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans, Inc	l N	
01100	worroure mearth rans me						WOTTOUTO OF NOW TOTA THE			The WellCare Management	·	100.0	WellCare Health		
01199	WellCare Health Plans Inc						Harmony Behavioral Health Inc	FL	NIA	Group, Inc	Ownership	100.0	Plans, Inc		
01199	 WellCare Health Plans Inc						Harmony Health Plan Inc	IL	I A	Harmony Health Systems, Inc	Ownership	100.0	WellCare Health Plans. Inc.	N	
										The WellCare Management	·		WellCare Health		
01199	WellCare Health Plans Inc						Harmony Health Systems Inc	IL	NIA	Group, Inc	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc						Harmony Health Management Inc	L	NIA	Harmony Health Systems, Inc	Ownership	100.0	Plans, Inc.	N	
01199	WellCare Health Plans Inc				0001279363	NYSE	WellCare Health Plans Inc	FL	UIP	Shareholders		0.0		N	
01199	 WellCare Health Plans Inc						WCG Health Management Inc	FL	UIP	WellCare Health Plans, Inc	Ownership	100.0	WellCare Health Plans. Inc	l N	
										The WellCare Management	0 #1101 3111 p		WellCare Health		
01199	WellCare Health Plans Inc						WellCare of Georgia Inc	GA	I A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health		
01199	WellCare Health Plans Inc						Comprehensive Reinsurance Ltd	CYM	I.A	Group Inc	Ownership	100.0	Plans, Inc	l N	
							WellCare Prescription Insurance			The WellCare Management	·		WellCare Health		
01199	WellCare Health Plans Inc						Inc	FL	I A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health		
01199	WellCare Health Plans Inc						WellCare of Ohio Inc	0H	I A	Group, Inc.	Ownership	100.0	Plans. Inc.	NN	
							Harmony Behavioral Health IPA			Harmony Behavioral Health,	'		WellCare Health		
01199	WellCare Health Plans Inc						Inc WellCare Pharmacy Benefits	NY	NIA	IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc						Management In	DE	NIA	Group. Inc.	Ownership	100.0	Plans, Inc	N	
04400	W 110						WellCare Health Insurance of	AZ		The WellCare Management		400.0	WellCare Health		
01199	WellCare Health Plans Inc						Arizona Inc WellCare Health Insurance	AZ	I A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health		
01199	WellCare Health Plans Inc						Company of Kentucky Inc	KY	I A	Group. Inc.	Ownership	100.0	Plans, Inc	N	
01199	 WellCare Health Plans Inc.						WellCare Health Insurance of New York Inc.	NY	IA	The WellCare Management	Ownership	100.0	WellCare Health Plans. Inc.	l N	
01199	werroare hearth Frans Inc						WellCare Health Plans of New	JNT		The WellCare Management	ownersinp	100.0	WellCare Health]	
01199	WellCare Health Plans Inc						Jersey Inc	NJ	I A	Group Inc	Ownership	100.0	Plans, Inc		
01199	 WellCare Health Plans Inc						WellCare of Texas Inc	ТХ	I A	The WellCare Management	Ownership	100.0	WellCare Health Plans, Inc	N	
							Exactus Pharmacy Solutions,			WellCare Pharmacy Benefits	·		WellCare Health		
01199	WellCare Health Plans Inc						Inc	DE	NIA	ManagementThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N .	
01199							Ohana Health Plans, Inc	Н1	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
		NAIC				Exchange if Publicly	Names of		Relationship to	P	Board, Management,	If Control is Ownership		Is an SCA Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
01199	 WellCare Health Plans Inc.						WellCare Health Plans of California. Inc.	CA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc.	l N	
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc						WellCare of Kansas, Inc	KS	I A	Group, IncThe WellCare Management	Ownership	100.0		N	
01199	 WellCare Health Plans Inc						WellCare Health Plans of Tennessee, Inc.	TN	LA	Group. Inc.	Ownership	100.0	WellCare Health	l N	
							America's 1st Choice California			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc						Holdings, LLC	FL	NIA	Group, IncAmerica's 1st Choice	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc.						Easy Choice Health Plan, Inc	CA	I A	California Holdings, LLC	Ownership	100.0	Plans, Inc	N	
01199	 WellCare Health Plans Inc						WellCare of South Carolina,	SC	IA	The WellCare Management	Ownership	100.0	WellCare Health Plans. Inc		
01199	werrcare mearth Frans inc 						. THC			Group, IncThe WellCare Management	Owner Strip		WellCare Health	N	
01199	WellCare Health Plans Inc						Missouri Care, Incorporated	MO	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	
01199	 WellCare Health Plans Inc.						The WellCare Community	DE	NIA	 WellCare Health Plans, Inc	Ownership	100.0	WellCare Health Plans, Inc	l N	
										The WellCare Management	İ '		WellCare Health		
01199	WellCare Health Plans Inc						Windsor Health Group, Inc Windsor Management Services,	TN	NIA	Group, Inc.	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	 WellCare Health Plans Inc						Inc	TN	NIA	Windsor Health Group, Inc	Ownership	100.0	Plans, Inc	NN	
04400							WellCare Health Plans of			The WellCare Management		İ	WellCare Health		
01199	WellCare Health Plans Inc						Kentucky, Inc	KY		Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc						WellCare of Nebraska, Inc	NE	IA	Group. Inc.	Ownership	100.0	Plans, Inc	N .	
01199	 WellCare Health Plans Inc							PA	IA	The WellCare Management Group, Inc.	Ownership	100.0	WellCare Health Plans, Inc	l N	
01199	Wellcare Hearth Frans Hic								/ A	The WellCare Management	Owner sirrp	100.0	WellCare Health]JN	
01199	WellCare Health Plans Inc						. WellCare of Oklahoma, Inc	0K		. Group, Inc	Ownership	100.0	Plans, Inc		
01199	 WellCare Health Plans Inc						One Care by Care 1st Health	AZ	I A	The WellCare Management Group, Inc	Ownership	100.0	WellCare Health Plans. Inc.	N	
							Care 1st Health Plan Arizona,			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc						Inc Care 1st Health Plan	AZ	I A	Group, IncCare 1st Health Plan Arizona,	Ownership	100.0	Plans, Inc WellCare Health	N .	
01199	WellCare Health Plans Inc.						Administrative Services, Inc	AZ	NIA	Inc.	Ownership	100.0	Plans, Inc	N	
04400	WallOan Halth Bland In						WallOan of Minains and I	MO	1.4	The WellCare Management		400.0	WellCare Health	,	
01199	WellCare Health Plans Inc						.WellCare of Mississippi, Inc	MS	I A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc						WellCare of Virginia, Inc	VA	I A	Group. Inc.	Ownership	100.0	Plans, Inc	N .	
01199	 WellCare Health Plans Inc.							AL	IA	The WellCare Management Group. Inc.	Ownership	100.0	WellCare Health Plans, Inc.	l N	
01199	Hericare nearth Frans Inc.						Accountable Care Coalition of			Collaborative Health Systems	Owner Sirrp	100.0	WellCare Health	JN -	
01199	WellCare Health Plans Inc						Arizona, LLC	AZ	NIA	LLC	Ownership	51.0	Plans, Inc		
01199	 WellCare Health Plans Inc.						Accountable Care Coalition of Central Georgia, LLC	GA	NIA	Collaborative Health Systems	Ownership	51.0	WellCare Health Plans. Inc.	N	
							Accountable Care Coalition of			Collaborative Health Systems,			WellCare Health		
01199	WellCare Health Plans Inc						Chesapeake, LLCAccountable Care Coalition of	MD	NIA	Collaborative Health Systems	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc						Coastal Georgia, LLC	GA	NIA	LLC	Ownership	51.0	Plans, Inc	N	



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership.				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group Code	Crown Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries Or Affiliates	Domiciliary Location		Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact,	Provide	Ultimate Controlling Entity(ies)/Person(s		
Code	Group Name	Code	Number	KSSD	CIK	international)	Accountable Care Coalition of	Location	Entity	Collaborative Health Systems	Influence, Other)	Percentage	WellCare Health	(† /N)	
01199	WellCare Health Plans Inc		-				Community Health Centers, LLC	TX	NIA	LLC	Ownership	51.0	Plans, Inc		
							Accountable Care Coalition of							1 1	
01199	 WellCare Health Plans Inc						Community Health Centers II, LLC.	TX	NIA	Collaborative Health Systems	.Ownership	100.0	WellCare Health Plans, Inc	l N	
01199	mericale hearth Frans Inc						Accountable Care Coalition of	I A		Collaborative Health Systems			WellCare Health		
01199	WellCare Health Plans Inc						DeKalb, LLC	GA	NIA	. LLC	Ownership	80.0		. N	
01199	WellCare Health Dlane Inc						Accountable Care Coalition of	GA	NIA	Collaborative Health Systems		E1 0	WellCare Health Plans, Inc.	l N	
01199	WellCare Health Plans Inc		-				Georgia, LLCAccountable Care Coalition of	BA	N I A	Collaborative Health Systems	Ownership		WellCare Health		
01199	WellCare Health Plans Inc		-				Southeast Partners, LLC	GA	NIA	LLC	Ownership	100.0	Plans, Inc		
04400	Wall Oans Haal the Diana las						Accountable Care Coalition of		NII A	Collaborative Health Systems	0	400.0	WellCare Health		
01199	WellCare Health Plans Inc						Hawaii, LLCAccountable Care Coalition of	НІ	NIA	Collaborative Health Systems	.Ownership	100.0	Plans, Inc WellCare Health		
01199	WellCare Health Plans Inc						Maryland Primary Care, LLC	MD	NIA	LLC	Ownership	51.0	Plans, Inc	. N	
0.1.100							Accountable Care Coalition of			Collaborative Health Systems		5	WellCare Health	L .l	
01199	WellCare Health Plans Inc		-				Maryland, LLCAccountable Care Coalition of	MD	NIA	Collaborative Health Systems	Ownership	51.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc						Mississippi. LLC	MS.	NIA	LLC	Ownership.	51.0	Plans. Inc	.lN	
							Accountable Care Coalition of			Collaborative Health Systems			WellCare Health		
01199	WellCare Health Plans Inc		-				Mount Kisco, LLCAccountable Care Coalition of	NY	NIA	Collaborative Health Systems	Ownership	51.0	Plans, Inc WellCare Health		
01199	WellCare Health Plans Inc.						New Jersev. LLC	NJ.	NIA	ILLC	Ownership.	51.0	Plans. Inc.	l N	
							Accountable Care Coalition of			Collaborative Health Systems			WellCare Health		
01199	WellCare Health Plans Inc		-				North Texas, LLC	TX	NIA	LLC	Ownership	51.0	Plans, Inc WellCare Health	N .	
01199							Accountable Care Coalition of Northeast Georgia, LLC	GA	NIA	Collaborative Health Systems,	Ownership	51.0	Plans. Inc	l N	
01100	The round risartin rand ring ring.						Accountable Care Coalition of			Collaborative Health Systems			WellCare Health		
01199	WellCare Health Plans Inc						Northwest Florida, LLC	FL	NIA	LLC	Ownership	51.0		.	
01199	WellCare Health Plans Inc.						Accountable Care Coalition of North West Region, LLC	OR	NIA	Collaborative Health Systems	Ownership	100.0	WellCare Health Plans, Inc.	l N	
01100	werroare nearth rans me		-				Accountable Care Coalition of			Collaborative Health Systems		100.0	WellCare Health		
01199	WellCare Health Plans Inc		-				North West Region II, LLC	OR	NIA	LLC	Ownership	100.0	Plans, Inc	N .	
01199	 WellCare Health Plans Inc						Accountable Care Coalition of Pennsylvania, LLC	PA	NIA	Collaborative Health Systems	.Ownership	100.0	WellCare Health Plans. Inc	l N	
01133	mericare nearth rans mc		-				Accountable Care Coalition of	7		Collaborative Health Systems,		100.0	WellCare Health		
01199	WellCare Health Plans Inc						South Carolina, LLC	SC	NIA	LLC.	Ownership	100.0	Plans, Inc		
01199	 WellCare Health Plans Inc						Accountable Care Coalition of Southeast Texas, Inc.	TX	NIA	Collaborative Health Systems,	Ownership	100.0	WellCare Health Plans, Inc.	l N	
01199	, well care nearth Flans Inc		-				Accountable Care Coalition of	/ A		Collaborative Health Systems	. Owner Strip	100.0	WellCare Health		
01199	WellCare Health Plans Inc						Southeast Wisconsin	WI	NIA	LLC	Ownership	51.0	Plans, Inc	.	
01199	 WellCare Health Plans Inc						Accountable Care Coalition of	NY	NIA	Collaborative Health Systems	Ownership	51.0	WellCare Health Plans. Inc	l al	
01199	wellcare nearth Flans Inc						Syracuse, LLCAccountable Care Coalition of	T VL	N I A	Collaborative Health Systems	.Ownership		WellCare Health		
01199	WellCare Health Plans Inc						Tennessee, LLC	TN	NIA	LLC	Ownership	51.0	Plans, Inc		
01100	WallCara Hoalth Blans Inc						Accountable Care Coalition of	TX	NIIA	Collaborative Health Systems	Ownership	100.0	WellCare Health		
01199	WellCare Health Plans Inc		-				Texas, Inc.	.[l λ	NIA		Ownership	100.0	Plans, Inc		



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership.				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group	Ones and Names	Company	ID Nameda a a	Federal RSSD	CIK	Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting Entity	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		.
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates Accountable Care Coalition of	Location	Entity	(Name of Entity/Person) Collaborative Health Systems	Influence, Other)	Percentage	Entity(ies)/Person(s) WellCare Health	(Y/N)	
01199	WellCare Health Plans Inc.						the Tri-Counties, LLC	SC	NIA	LLC	Ownership	51.0	Plans, Inc	N	
04400							Accountable Care Coalition of	0.4		Collaborative Health Systems		54.0	WellCare Health		
01199	WellCare Health Plans Inc						Western Georgia, LLC American Progressive Life &	GA	NIA	- LLG	Ownership	51.0	Plans, Inc	N	
							Health Insurance Company of New			Universal American Holdings,			WellCare Health		
01199	WellCare Health Plans Inc						York	NY	I A	LLC	Ownership	100.0	Plans, Inc	. N	
01199	 WellCare Health Plans Inc						APS Healthcare Holdings, Inc	DE	NIA	APS Healthcare. Inc.	Ownership.	100.0	WellCare Health Plans. Inc.	N	
01100	The Fredrict Hourt His Francis Historians						This floar thouse horarings, the			,	. очног эттр		WellCare Health		
01199	WellCare Health Plans Inc						APS Healthcare, Inc	DE	NIA	. UAM/APS Holding Corp	Ownership	100 . 0	Plans, Inc	. N	
01199	 WellCare Health Plans Inc						APS Parent. Inc.	DE	NIA	Universal American Holdings,	Ownership	100.0	WellCare Health	N	
													WellCare Health		
01199	WellCare Health Plans Inc						Chrysalis Medical Services, LLC	TX	NIA	Heritage Health Systems, Inc.	Ownership	51.0	Plans, Inc	. N	
01199	 WellCare Health Plans Inc.						Collaborative Health Systems of Maryland. Inc.	MD	NIA	Collaborative Health Systems,	Ownership	50.0	WellCare Health Plans. Inc.	l N	
							Collaborative Health Systems of			Collaborative Health Systems,	. очногонгр		WellCare Health	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
01199	WellCare Health Plans Inc						Virginia, Inc	VA	NIA	- LLC	Ownership	100.0	Plans, Inc	. N .	
01199	 WellCare Health Plans Inc						Collaborative Health Systems,	NY	NIA	Universal American Corp	Ownership	100.0	WellCare Health Plans. Inc.	l N	
										Collaborative Health Systems,			WellCare Health		
01199	WellCare Health Plans Inc						Empire Collaborative Care, LLC	NY	NIA	Collaborative Health Systems	Ownership	100.0	Plans, Inc WellCare Health	. N	
01199	WellCare Health Plans Inc						Essential Care Partners, LLC	TX	NIA.	LLC	Ownership.	51.0	Plans, Inc.	N	
	l						Golden Triangle Physician			Heritages Health Systems of			WellCare Health		
01199	WellCare Health Plans Inc						Alliance Heritage Health Systems of	TX	NIA	Texas Inc	Ownership	100.0	Plans, Inc WellCare Health	. N	
01199	WellCare Health Plans Inc						Texas, Inc	TX	NIA	. Heritage Health Systems, Inc.	Ownership	100.0		N	
04400	Wallows Harlth Bland In						Handana Handah Ozzakowa II.	TV	ALLA			400.0	WellCare Health		
01199	WellCare Health Plans Inc						.Heritage Health Systems, Inc	TX	NIA	Universal American Corp	Ownership	100.0	Plans, Inc WellCare Health	. N	
01199	WellCare Health Plans Inc						Heritage Physician Networks	TX	NIA	Heritage Health Systems, Inc.	Ownership	100.0	Plans, Inc	N	
01100	WallCare Health Blane Inc						LIUC Tayon Managament Inc	GA	NII A	Haritaga Haalth Cuatama Ina	Ownership	100 0	WellCare Health Plans. Inc		
01199	WellCare Health Plans Inc						. HHS Texas Management, Inc		NIA	. Heritage Health Systems, Inc.	. Ownership	100.0	WellCare Health	. N	
01199	WellCare Health Plans Inc						. HHS Texas Management, LP	GA	NIA	Heritage Health Systems, Inc.	Ownership	99.1	Plans, Inc	. N	
01199	 WellCare Health Plans Inc						Hudson Accountable Care, LLC	NY	NIA	Collaborative Health Systems,	Ownership.	51.0	WellCare Health Plans, Inc	N N	
01199	Wellcare Hearth Frans Hic						Maine Community Accountable	JN1		Maine Primary Care Holdings,	. Owner sirrp		WellCare Health	. JN	
01199	WellCare Health Plans Inc						Care Organization, LLC	ME	NIA	LLC	Ownership	49.5	Plans, Inc	. N	
01199	 WellCare Health Plans Inc						Maine Primary Care Holdings,	MF	NIA	Collaborative Health Systems	Ownership	97 n	WellCare Health Plans, Inc	N	
							Maryland Collaborative Care,			Collaborative Health Systems	'	İ	WellCare Health		
01199	WellCare Health Plans Inc						LLCMid-Atlantic Collaborative	MD	NIA	Collaborative Health Systems.	Ownership	51.0	Plans, Inc WellCare Health	. N	
01199	 WellCare Health Plans Inc.						Care. LLC	MD	NIA	LLC	Ownership	51.0	Plans, Inc.	N	
							, , , , , , , , , , , , , , , , , , , ,	,	,	1	,	,	,	,	



1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		` Board,	If Control is		Is an SCA	
		NAIC	ID.			Publicly	Names of	D : "	to	B: # 0 . # 11	Management,	Ownership		Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries Or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)		*
0000	Group Hame	Oodc	Number	NOOD	Oiix	international	Northern Maryland Collaborative	Location	Littly	Collaborative Health Systems	milderice, Other)		WellCare Health	(1/14)	
01199	WellCare Health Plans Inc						Care, LLC	MD	NIA	LLC	Ownership	51.0	Plans, Inc.	N	
04400	Wall Care Haalth Dlane Inc						Down Manhatine America 110	DE	ALLA	Universal American Financial Services	O	100.0	WellCare Health Plans, Inc		
01199	WellCare Health Plans Inc						Penn Marketing America, LLC)DE	NIA	Services	Ownership	100.0	WellCare Health	IN	
01199	WellCare Health Plans Inc						Premier Marketing Group, LLC	DE	NIA	Penn Marketing America, LLC	Ownership	100.0	Plans, Inc	N	
										Universal American Holdings,	İ '	İ	WellCare Health		
01199	WellCare Health Plans Inc						Quincy Coverage Corporation	NY	NIA	LLC	Ownership	100 . 0	Plans, Inc WellCare Health	N	
01199							SelectCare Health Plans. Inc.	TX	I A	Heritage Health Systems, Inc.	Ownershin	100.0	Plans. Inc.	l N	
01100	merroare nearth rians me						Octobroard Hoarth Frans, The	/ /	I /\	The read rear the dystems, The.	0#11013111P	100.0	WellCare Health		
01199	WellCare Health Plans Inc						SelectCare of Texas, Inc	ТХ	I A	Heritage Health Systems, Inc.	Ownership	100.0	Plans, Inc	N	
04400	WallOan Haalth Blans Inc						HAM Asset Ossesions Osses	1.4	ALLA	Universal American Financial	0	400.0	WellCare Health		
01199	WellCare Health Plans Inc						UAM Agent Services Corp	IA	NIA	Services	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc.						UAM/APS Holding Corp.	DE	NIA	APS Parent, Inc.	Ownership	100.0	Plans. Inc.	N N	
										The WellCare Management	İ '		WellCare Health		
01199	WellCare Health Plans Inc						Universal American Corp.	DE	NIA	Group, Inc	Ownership	100.0	Plans, Inc	N	
01199	 WellCare Health Plans Inc						Universal American Financial Services	DE	NIA	Universal American Holdings,	Ownership	100.0	WellCare Health Plans, Inc	l N	
01199	Wellcare Hearth Frans Hic						Universal American Holdings.			LLO	. Owner Sirrp	100.0	WellCare Health	,IN	
01199	WellCare Health Plans Inc						LLC	DE	NIA	Universal American Corp	Ownership	100.0	Plans, Inc	N	
1,,,,,,							Virginia Collaborative Care,	.,,	l	Collaborative Health Systems			WellCare Health	ll	
01199	WellCare Health Plans Inc						Worlco Management Services.	VA	NIA	LLG	Ownership	51.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc.						Inc.	NY	NIA	Worlco Management Services	Ownership	100.0	Plans. Inc.	l N	
										Collaborative Health Systems	,		WellCare Health		
01199	WellCare Health Plans Inc						AWC of Syracuse, Inc	NY	NIA	LLC	Ownership	100.0	Plans, Inc	N	
01199	 						WellCare Health Plans of Arizona, Inc.	AZ	I A	The WellCare Management Group, Inc.	Ownership.	100.0	WellCare Health Plans. Inc.	l N	
01199	Well care hearth Frans The						ATTZONA, THE		I M	The WellCare Management	Owner Sirrp	100.0	WellCare Health	JIN	
01199	WellCare Health Plans Inc.						WellCare of Maine, Inc.	ME	I A	Group, Inc.	Ownership	100.0	Plans, Inc.	N	
04400	W 440 44 54 54						W 110 6 5 6 5 1	50		The WellCare Management		400.0	WellCare Health		
01199	WellCare Health Plans Inc			-			WellCare of Puerto Rico, Inc WellCare Associate Assistance	PR	I A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc						Fund. Inc	FL	NIA	Group, Inc	Ownership	100.0	Plans. Inc	l N	
							WellCare Health Insurance			The WellCare Management	0 11101 0111 p		WellCare Health		
01199	WellCare Health Plans Inc						Company of America	AR	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	
01199	 WellCare Health Plans Inc.						WellCare National Health Insurance Company	TX	IA	The WellCare Management	Ownership	100.0	WellCare Health	N.	
01199	, WELLOALE REALTH FLANS HIC						WellCare of North Carolina,	I A	I A	The WellCare Management	Owner Sirih	100.0	WellCare Health	^{JN}	
01199	WellCare Health Plans Inc						Inc	NC	I A	Group. Inc.	Ownership	100.0	Plans, Inc	N	
0.4465										The WellCare Management			WellCare Health		İ
01199	WellCare Health Plans Inc						Caidan Management Company, LLC	MI	NIA	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc.						Caidan Network Services, LLC	MI	NIA	Group. Inc.	Ownership.	100 0	Plans. Inc.	l N	
J 1 100	1.0uio noaren 1 tano 1110			1			, sa. aan not work ool v 1000, ELU	4	4	10.00p; mo	0 0111 p			1	



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
Craun		NAIC	ID	Fodoral		Publicly	Names of Parent, Subsidiaries	Domiciliary	to	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide		Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Or Affiliates	Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Influence, Other)	Percentage	Ultimate Controlling Entity(ies)/Person(s)	(Y/N)	*
Code	Group Name	Code	Number	NOOD	OIIC	international)	Of Allinates	Location	Littly	The WellCare Management	initidence, Other)	reicentage	WellCare Health	(1/14)	
01199	WellCare Health Plans Inc.						Caidan Holding Company	MI	NIA	Group, Inc.	Ownership	100.0	Plans, Inc.	N	
							Maryland Collaborative Care			',					
							Transformation Organization,			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc						Inc	DE	NIA	Group, Inc	Ownership	100.0	Plans, Inc	N	
04400	WallCare Haalth Diago Inc						Meridian Health Plan of		1.4	The WellCare Management	O	100.0	WellCare Health		
01199	WellCare Health Plans Inc						Illinois, Inc Meridian Health Plan of	IL		Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc.						Michigan, Inc	MI	IΔ	Group, Inc.	Ownership	100.0	Plans, Inc	N N	
01100	Wellcare Hearth Frans Inc.						I in congan, mc	J#I 1		The WellCare Management	O#IIG13111P	100.0	WellCare Health		
01199	WellCare Health Plans Inc						WellCare of Washington, Inc	WA	LA	Group. Inc	Ownership	100.0	Plans, Inc	l N	
							g			The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc						MeridianRx, LLC	MI	NIA	Group, Inc	Ownership		Plans, Inc	N	
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc						MeridianRX IPA, LLC	NY	NIA	Group, Inc.	Ownership	100.0	Plans, Inc	N	
04400	Wall Oans Haal Ma Diana Inc						WellCare Health Insurance of	0.7	1.4	The WellCare Management	O	400.0	WellCare Health		
01199	WellCare Health Plans Inc						Connecticut, Inc WellCare Health Insurance of	b1	I A	Group, IncThe WellCare Management	Ownership	100.0	Plans, Inc WellCare Health	N	
01199	WellCare Health Plans Inc						Tennessee, Inc	TN	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	
01199	Wellcare Health Flans Inc						WellCare Health Plans of	IIN		The WellCare Management	Owner sirrp	100.0	WellCare Health	N	
01199	WellCare Health Plans Inc						Vermont, Inc.	VT	IA	Group, Inc	Ownership.	100.0	Plans, Inc	l N	
01100	norroard maartii rand moriii									The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc						WellCare of Arkansas, Inc	AR	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	
										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc						WellCare of Indiana, Inc	IN	I A	Group, Inc.	Ownership	100.0	Plans, Inc	N	
0.4.400										The WellCare Management			WellCare Health		
01199	WellCare Health Plans Inc						WellCare of New Hampshire, Inc	NH	I A	Group, Inc	Ownership	100.0	Plans, Inc	N	
									·····						

Asterisk	Explanation



SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
					Purchases, Sales or	Income/ (Disbursements)						Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC					Estate, Mortgage	Undertakings for the		Incurred Under		Ordinary Course of		Reserve
Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
95081		WellCare of Florida, Inc.	(45,580,188)				(350,645,092)		ļ		(396,225,280)	
95334	14-1676443	WellCare of New York, Inc		0.000.000			(98,557,945)		ļ		(98, 557, 945)	
95310	06 - 1405640	WellCare of Connecticut, Inc.	/50,000,000	8,000,000			(13,902,197)		 		(5,902,197)	
11229 10760	36-4050495	Harmony Health Plan, Inc.	(50,000,000) (100,000,000)	40,000,000			(181,966,359) (193,327,190)		 		(191,966,359) (293,327,190)	
10760	20-2103320 20-2383134	WellCare of Georgia, Inc WellCare Prescription Insurance, Inc	(100,000,000)				(82,403,725)		ļ		(293,327,190)	
00000	20-2363134 59-3547616	Comprehensive Health Management, Inc.			 	 	1,729,650,191		 		1,729,650,191	
83445	86-0269558	WellCare Health Insurance of Arizona Inc			t	t	(73,866,131)		t	····	(73,866,131)	
64467	36-6069295	WellCare Health Ins Co of Kentucky, Inc	(75,000,000)		 	·····	(235,048,950)	24.034	t	 	(310,024,916)	
	11-3197523	WellCare Health Ins of New York, Inc.	(13,000,000)		†		(50,422)	24,034		· · · · · · · · · · · · · · · · · · ·	(310,024,910)	
00000	20-8420512	Exactus Pharmacy Solutions, Inc.					(22,945,832)		†		(22,945,832)	
12964	20-8058761	WellCare of Texas Inc.	(10,000,000)				(39,472,638)	(24,034)	1		(49,496,672)	
13020	20-8017319	WellCare Health Plans of New Jersey Inc.	(10,000,000)	10,000,000			(75,777,080)	(24,004)			(65,777,080)	
00000	14-1647239	The WellCare Management Group, Inc.	335,580,188	(345,230,185)			(10,777,000)				(9.649.997)	
00000	20-5327501	Easy Choice Health Plan, Inc.	(20,000,000)	(010,200,100)			(25,878,600)		1		(45.878.600)	
	32-0062883	WellCare of South Carolina, Inc.	(15,000,000)				(36,340,518)		1		(51,340,518)	
		Missouri Care. Inc.					(80,017,627)		1		(80,017,627)	
	47 - 5456872	WellCare of Nebraska, Inc.	(10,000,000)				(30.770.527)		1		(40,770,527)	
16344	82-3114517	WellCare of Maine. Inc.		5.113.150					l		5,113,150	
		Care1st Health Plan Arizona, Inc.					(48, 266, 553)		l		(48, 266, 553)	
	06 - 1742685	OneCare by Care1st Health Plan of AZ Inc					(2,280,679)		l		(2,280,679)	
	62-1819658	SelectCare of Texas, Inc	(10,000,000)				(95,903,608)		<u> </u>		(105,903,608)	
	74-3141949	SelectCare Health Plans, Inc	, , , , , , , , , , , , , , , , , , , ,				(2,600,491)		ļ		(2,600,491)	
	13-1851754	American Progressive Life & Health Ins					(39,628,027)		ļ		(39,628,027)	
16239	82-1301128	WellCare of Ălabama, Inc		1,100,000					ļ		1,100,000	
	82-4247084	WellCare Health Ins. Co. of America Inc		2, 113, 124					ļ		2,113,124	
	82-5127096	WellCare National Health Insurance Co		1,400,000		ļ			ļ		1,400,000	
16253	82-3169616	WellCare Health Plans of Arizona, Inc.		2,003,911		ļ			ļ		2,003,911	
00000	83-2126269	WellCare Health Insurance of CT, Inc.		1,000,000	ļ	ļ	ļ			ļ	1,000,000	
00000	83-2126269	WellCare Health Insurance of TN, Inc		2,000,000		ļ			ļ	ļ	2,000,000	
00000	45-5154364	WellCare Health Plans of Tennessee, Inc		1,500,000					ļ		1,500,000	
00000	82-5488080	WellCare of North Carolina, Inc.		1,000,000					ļ		1,000,000	
00000	83-2255514	WellCare Health Plans of Vermont, Inc.		5,000,000	ļ		/F70 40F 00F\		 		5,000,000	
52563 13189	38-3253977 20-3209671	Meridian Plan of Michigan, Inc.		70,000,000	·····	ł	(572,165,625) (662,127,429)		 	 	(502, 165, 625) (426, 589, 580)	
00000	26-4004494	Meridian Health Plan of Illinois, Inc		230,537,849			(662, 127, 429)		 	 	(426,589,580)	
00000	20 - 4004494 27 - 1339224	MeridianRx. LLC			 	 	872,788,118		ł	 	872.788.118	
00000		Caidan Holding Company, Inc		(40,537,849)			012,100,110		t	····	(40,537,849)	
00000	ZU-4UU43/0	Catual Horuthy Collipany, The		(40,001,049)							(40,001,049)	
9999999	Control Totals		n	0	1	0	0	0	l _{XXX}	0	0	Λ
0000000	control rotals		· · · · · · · · · · · · · · · · · · ·	0		1 0		U	1 /////	0	U	U



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

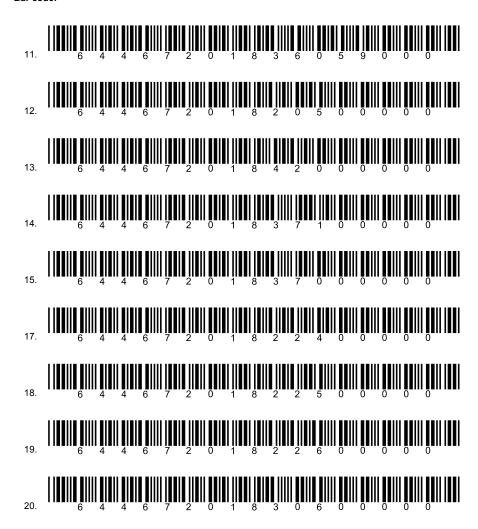
	MARCH FILING	Responses
1.	·	YES
2.		YES
3.	•	YES
4.		YES
	APRIL FILING	
5.		YES
6.		YES
7.		YES
	JUNE FILING	
8.		YES
9.	·	YES
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
Howev interro	lowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business coverer, in the event that your company does not transact the type of business for which the special report must be filed, your response of the event that your company does not transact the type of business for which the special report must be filed, your response of the event that your company does not transact the type of business for which the special report must be filed, your response of the event that your company is engaged in the type of business covering the event that your company is engaged in the type of business covering the event that your company is engaged in the type of business covering the event that your company is engaged in the type of business covering the event that your company is engaged in the type of business covering the event that your company is engaged in the type of business covering the event that your company is engaged in the type of business for which the special report must be filed, your response of the event that your company is engaged in the type of business for which the special report must be filed as possible to the event that your company is engaged in the type of business for which the special report must be filed.	of NO to the specific
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
17.	filed electronically with the NAIC by March 1?	N0
18.	,	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	NO
	APRIL FILING	
20.		NO
21.		YES
22.		YES
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.		YES
Explan	nation:	
11.		
11.		
12.		
13.		
14		
14.		
15.		
17.		
18		
18.		
19.		

20.



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:





OVERFLOW PAGE FOR WRITE-INS



SUMMARY INVESTMENT SCHEDULE

		Gross Inves			Admitted Assets		
	-	Holding 1	gs 2	3	in the Annual S	Statement 5	T 6
	Investment Categories	Amount	Percentage	Amount	Securities Lending Reinvested Collateral Amount	Total (Col. 3+4) Amount	Percentage
1.	Bonds:						
	1.1 U.S. treasury securities	14,685,106	2.025	14,685,106		14,685,106	2.025
	1.21 Issued by U.S. government agencies		0.000			0	0.000
	1.22 Issued by U.S. government sponsored agencies					0	0.000
	Non-U.S. government (including Canada, excluding mortgage-backed securities)		0.000			0	0.000
	1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:	0.550.004	0.404	0.550.004		0.550.004	0.404
	1.41 States, territories and possessions general obligations 1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations	20,358,878	2.808	20,358,878		, ,	
	1.43 Revenue and assessment obligations		11.262	81,659,888		81,659,888	ı
	1.44 Industrial development and similar obligations		21.290	154,370,486			i .
	Mortgage-backed securities (includes residential and commercial MBS): 1.51 Pass-through securities:						
	1.511 Issued or guaranteed by GNMA						0.000
	1.512 Issued or guaranteed by FNMA and FHLMC					0	0.000
	1.513 All other						0.000
			0.000			0	0.000
	1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000			0	0.00
	1.523 All other		0.000			0	0.000
2.	Other debt and other fixed income securities (excluding short term):						
	Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)		0.000			0	0.000
	2.2 Unaffiliated non-U.S. securities (including Canada)		1				
	2.3 Affiliated securities		0.000				
3.	Equity interests: 3.1 Investments in mutual funds		0.000			0	0.000
	3.2 Preferred stocks:						
	3.21 Affiliated		0.000			0	i
	3.22 Unaffiliated		0.000				
			0.000				0.000
			0.000			0	0.000
	3.4 Other equity securities: 3.41 Affiliated		0.000			0	0.000
			0.000			0	0.000
	3.5 Other equity interests including tangible personal property under lease:						
	3.51 Affiliated		0.000				0.000
4.	Mortgage loans:		0.000			0	0.000
	4.1 Construction and land development		0.000				0.000
	4.2 Agricultural		0.000				0.000
			0.000				0.000
	4.4 Multifamily residential properties 4.5 Commercial loans		1			0	
	4.6 Mezzanine real estate loans			l			i
5.	Real estate investments:						
	5.1 Property occupied by company		0.000	0		0	0.000
	5.2 Property held for production of income (including \$of property acquired in satisfaction of debt)		0.000	0		0	0.00
	5.3 Property held for sale (including \$						
	property acquired in satisfaction of debt)		0.000	0		0	0.000
6.	Contract loans		0.000	0		0	0.000
7.	Derivatives		0.000	0		0	0.00
8.	Receivables for securities		0.000	0		0	0.000
	Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	XXX	XXX	XXX
	Cash, cash equivalents and short-term investments	450,454,935	62 . 124	450,454,935		450,454,935	62 . 124
	Other invested assets	<u> </u>	0.000			0	0.000
12.	Total invested assets	725,088,224	100.000	725,088,224	0	725,088,224	100.000



SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year.	0
	Cost of acquired:	
	2.1 Actual cost at time of acquisition (Part 2, Column 6)	
	2.2 Additional investment made after acquisition (Part 2, Column 9)	0
3.	Current year change in encumbrances:	
	3.1 Totals, Part 1, Column 13	
	3.2 Totals, Part 3, Column 11	0
4.	Total gain (loss) on disposals, Part 3, Column 18.	0
5.	Deduct amounts received on disposals, Part 3, Column 15	0
6	Total foreign evolutions shapes in heal/adjusted corruing values:	
	6.1 Totals, Part 1, Column 15	
	6.2 Totals, Part 3, Column 13	0
7.	Deduct current year's other-than-temporary impairment recognized:	
	7.1 Totals, Part 1, Column 12	
	7.2 Totals, Part 3, Column 10	0
8.	Deduct current year's depreciation:	
	8.1 Totals, Part 1, Column 11	
	8.2 Totals, Part 3, Column 9	0
	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0
	Deduct total nonadmitted amounts	
11.	Statement value at end of current period (Line 9 minus Line 10).	0

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

	Book value/recorded investment excluding accrued interest, December 31 of prior year.		0
۷.	Cost of acquired: 2.1 Actual cost at time of acquisition (Part 2, Column 7)	Λ	
	2.2 Additional investment made after acquisition (Part 2, Column 8)	Λ	0
3	Capitalized deferred interest and other:		0
٥.	3.1 Totals, Part 1, Column 12	Λ	
	3.2 Totals, Part 3, Column 11	Λ	0
1			
T.	Unrealized valuation increase (decrease):		
٥.	51 Totals Part 1 Column 0	Λ	
	5.1 Totals Part 3 Column 8	Ω	0
6.	7.2 Total of 10 Good In 10 Good I		0
7	Deduct amounts received on disposals, Part 3, Column 15.		0
8	Accrual of discount. Unrealized valuation increase (decrease): 5.1 Totals, Part 1, Column 9 5.2 Totals, Part 3, Column 8 Total gain (loss) on disposals, Part 3, Column 18. Deduct amounts received on disposals, Part 3, Column 15 Deduct amortization of premium and mortgage interest points and commitment fees.		
9	Total foreign exchange change in book value/recorded investment excluding accrued interest:		
		0	
	9.1 Totals, Part 1, Column 13	0	0
	Deduct current year's other-than-temporary impairment recognized:		
	10.1 Totals, Part 1, Column 11	0	
	10.1 Totals, Part 1, Column 11	0	0
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		0
	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		0
14.	Deduct total nonadmitted amounts.		
15.	Statement value of mortgages owned at end of current period (Line 13 minus Line 14)		0



SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year.	0
2.	Cost of acquired:	
	2.1 Actual cost at time of acquisition (Part 2, Column 8)	
	2.2 Additional investment made after acquisition (Part 2, Column 9)	0
3.	Capitalized deferred interest and other:	
	3.1 Totals, Part 1, Column 16	
	3.2 Totals, Part 3, Column 12	0
4.	Accrual of discount	
5.		
	5.1 Totals, Part 1, Column 130	
	Unrealized valuation increase (decrease): 5.1 Totals, Part 1, Column 13 5.2 Totals, Part 3, Column 9 Total gain (loss) on disposals, Part 3, Column 19 Deduct amounts received on disposals, Part 3 Column 16	0
6.	Total gain (loss) on disposals, Part 3, Column 19	0
7.	Deduct amounts received on disposals, Part 3, Column 16.	0
8.	Deduct amortization of premium and depreciation	
9.	Total foreign exchange change in book/adjusted carrying value:	
	9.1 Totals, Part 1, Column 17	
	9.2 Totals, Part 3, Column 14	0
10.	Deduct current year's other-than-temporary impairment recognized:	
	10.1 Totals, Part 1, Column 15	
	10.2 Totals, Part 3, Column 11	0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0
12.	Deduct total nonadmitted amounts	
13.	Statement value at end of current period (Line 11 minus Line 12)	0

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year	197 , 147 , 651
2.	Cost of bonds and stocks acquired, Part 3, Column 7. Accrual of discount.	111,205,542
3.	Accrual of discount	267 . 427
4.	Unrealized valuation increase (decrease):	,
	4.1 Part 1, Column 12	
	4.2 Part 2, Section 1, Column 15	
	4.3 Part 2, Section 2, Column 13	
	4.4 Part 4, Column 11	
5.		
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7	31,784,694
7.	Deduct amortization of premium.	2,066,967
8.		
	8.1 Part 1, Column 15	
	8.2 Part 2, Section 1, Column 19	
	8.3 Part 2, Section 2, Column 16	0
^	8.4 Part 4, Column 15	0
9.	Deduct current year's other-than-temporary impairment recognized:	
	9.1 Part 1, Column 14	
	9.2 Part 2, Section 1, Column 17	
	9.3 Part 2, Section 2, Column 14	0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Notes 5R, Line 5R(2)	
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	27/ 633 290
12.	, , , , , , , , , , , , , , , , , , , ,	
13.		274,633,290



SCHEDULE D - SUMMARY BY COUNTRY

	Lo	ng-Term Bonds and Stocks	OWNED December 31 o	of Current Year		
Description			1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS	1.	United States		14,679,106	14,685,901	14,685,000
Governments	2.					
(Including all obligations guaranteed	3.	Other Countries				
by governments)	4.	Totals	14,685,106	14,679,106	14,685,901	14,685,000
U.S. States, Territories and Possessions						
(Direct and guaranteed)	5.	Totals	3,558,931	3,547,138	3,614,330	3,475,000
U.S. Political Subdivisions of States, Territories						
and Possessions (Direct and guaranteed)	6.	Totals	20,358,878	20,363,015	21,076,844	19,910,000
U.S. Special revenue and special assessment						
obligations and all non-guaranteed						
obligations of agencies and authorities of						
governments and their political subdivisions	7.	Totals	81,659,888	81,439,651	83,093,073	77,073,836
	8.	United States	125 , 494 , 557	124 , 153 , 779	126 , 182 , 407	124,508,379
Industrial and Miscellaneous, SVO Identified	9.	Canada	10,437,883	10,390,655	10,431,851	10,439,757
Funds, Bank Loans and Hybrid Securities	10.	Other Countries	18,438,046	18,348,178	18,417,004	18,459,000
(unaffiliated)	11.	Totals	154,370,486	152,892,612	155,031,262	153,407,135
Parent, Subsidiaries and Affiliates	12.	Totals	0	0	0	0
	13.	Total Bonds	274,633,290	272,921,522	277,501,409	268,550,972
PREFERRED STOCKS	14.	United States				
Industrial and Miscellaneous (unaffiliated)	15.	Canada				
	16.	Other Countries				
	17.	Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18.	Totals	0	0	0	
	19.	Total Preferred Stocks	0	0	0	
COMMON STOCKS	20.	United States				
Industrial and Miscellaneous (unaffiliated)	21.	Canada				
	22.	Other Countries				
	23.	Totals	0	0	0	
Parent, Subsidiaries and Affiliates	24.	Totals	0	0	0	
	25.	Total Common Stocks	0	0	0	
	26.	Total Stocks	0	0	0	
	27.	Total Bonds and Stocks	274,633,290	272,921,522	277,501,409	



SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4 Over 10 Years	5	6	7	8	9	10	11	12 T-t-1 D-1t-1
NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 11.7	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
1. U.S. Governments		0.1000						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1 10.000 (0)
1.1 NAIC 1	20,663,031	3,017,410				XXX	23,680,442	6.3	3,803,517	1.7	23,680,442	
1.2 NAIC 2						XXX	0	0.0	0	0.0		
1.3 NAIC 3						XXX	0	0.0	0	0.0		
1.4 NAIC 4						XXX	0	0.0	0	0.0		
1.5 NAIC 5						XXX	0	0.0	0	0.0		
1.6 NAIC 6						XXX	0	0.0	0	0.0		
1.7 Totals	20,663,031	3,017,410	0	0	0	XXX	23,680,442	6.3	3,803,517	1.7	23,680,442	0
2. All Other Governments												
2.1 NAIC 1						XXX	0	0.0	0	0.0		
2.2 NAIC 2						XXX	0	0.0	0	0.0		
2.3 NAIC 3						XXX	0	0.0	0	0.0		
2.4 NAIC 4						XXX	0	0.0	0	0.0 .		
2.5 NAIC 5						XXX	0	0.0	0	0.0		
2.6 NAIC 6						XXX	0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories an	d Possessions, etc., 0											
3.1 NAIC 1		3,055,551	503,380			XXX	3,558,931	0.9	3,855,750	1.7	3,558,931	
3.2 NAIC 2						XXX	0	0.0	0	0.0		
3.3 NAIC 3						XXX	0	0.0	0	0.0		
3.4 NAIC 4						XXX	0	0.0	0	0.0 .		
3.5 NAIC 5						XXX	0	0.0	0	0.0		
3.6 NAIC 6						XXX	0	0.0	0	0.0		
3.7 Totals	0	0,000,001	503,380	0	0	XXX	3,558,931	0.9	3,855,750	1.7	3,558,931	0
4. U.S. Political Subdivisions												
4.1 NAIC 1	1,533,613	12,482,796	6,342,470			XXX	20,358,878	5.4	21,275,078	9.2	20 , 358 , 878	
4.2 NAIC 2						XXX	0	0.0	0	0.0		
4.3 NAIC 3						XXX	ļ0 ļ	0.0	0	0.0		
4.4 NAIC 4						XXX	0	0.0	0	0.0		
4.5 NAIC 5						XXX	ļ0 ļ	0.0	0	0.0		
4.6 NAIC 6	. 500 6:5	40 400 777	0.010.1=1			XXX	0	0.0	0	0.0	00	
4.7 Totals	1,533,613	12,482,796	6,342,470	0	0	XXX	20,358,878	5.4	21,275,078	9.2	20,358,878	0
5. U.S. Special Revenue & S				000 774		WWW	00 545 554	64.0	50 007 070	65.5	00 545 554	
5.1 NAIC 1	24,474,805	38 , 144 , 584	19,632,389	293,774		XXX	82,545,551	21.8	58,637,273	25.5	82,545,551	
5.2 NAIC 2	926,693	5,666,145				XXX	6,592,838	1.7	5,794,929	2.5	6,592,838	
5.3 NAIC 3						XXX	ļ0 ļ	0.0	0	0.0		
5.4 NAIC 4						XXX	ł0	0.0	0	0.0		
5.5 NAIC 5						XXX	} <u>0</u> }-	0.0	0	0.0		
5.6 NAIC 6	05 404 400	40,040,700	40,000,000	000 774	2	XXX	00,400,000	0.0	04 400 000	0.0	00 400 000	^
5.7 Totals	25,401,498	43,810,729	19,632,389	293,774	0	XXX	89,138,389	23.6	64,432,202	28.0	89,138,389	0



SCHEDULE D - PART 1A - SECTION 1 (Continued) Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	_7	8	9	10	11	12
NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 11.7	Total from Col. 7 Prior Year	% From Col. 8 Prior Year	Total Publicly Traded	Total Privately Placed (a)
6. Industrial and Miscellane	eous (unaffiliated)			, and the second								,
6.1 NAIC 1	118,146,982	35,111,845	602,958			ХХХ	153,861,785	40.7	67 , 756 , 852	29.4	131,225,959	22,635,826
6.2 NAIC 2	16,238,024	70 ,723 , 103	701 , 115			XXX	87 , 662 , 242	23.2	69 , 186 , 854	30.0	84,588,641	3,073,601
6.3 NAIC 3						XXX	0	0.0	0	0.0		
6.4 NAIC 4						XXX	0	0.0	0	0.0		
6.5 NAIC 5						ХХХ	0	0.0	0	0.0		
6.6 NAIC 6	-					XXX	0	0.0	0	0.0		
6.7 Totals	134,385,006	105,834,948	1,304,073	0	0	XXX	241,524,027	63.9	136,943,706	59.5	215,814,600	25,709,427
7. Hybrid Securities												
7.1 NAIC 1						XXX	0	0.0	0	0.0		
7.2 NAIC 2						XXX	0	0.0	0	0.0		
7.3 NAIC 3						XXX	0	0.0	0	0.0		
7.4 NAIC 4						XXX	0	0.0	0	0.0		
7.5 NAIC 5						XXX	0	0.0	0	0.0		
7.6 NAIC 6						XXX	0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries a	and Affiliates											
8.1 NAIC 1						XXX	0	0.0	0	0.0		
8.2 NAIC 2						XXX	0	0.0	0	0.0		
8.3 NAIC 3						XXX	0	0.0	0	0.0		
8.4 NAIC 4						XXX	0	0.0	0	0.0		
8.5 NAIC 5						XXX	0	0.0	0	0.0		
8.6 NAIC 6						XXX	0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. SVO-Designated Secu	urities											
9.1 NAIC 1	XXX	ХХХ	XXX	XXX	XXX		0	0.0	0	0.0		
9.2 NAIC 2	XXX	ХХХ	XXX	XXX	XXX		0	0.0	0	0.0		
9.3 NAIC 3	XXX	ХХХ	XXX	ХХХ	XXX		0	0.0	0	0.0		
9.4 NAIC 4	XXX	ХХХ	XXX	ХХХ	XXX		0	0.0	0	0.0		
9.5 NAIC 5	XXX	ХХХ	XXX	XXX	XXX		0	0.0	0	0.0		
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0		
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. Bank Loans												
10.1 NAIC 1						XXX	0	0.0	ХХХ	ХХХ		
10.2 NAIC 2						ХХХ	0	0.0	ХХХ	ХХХ		
10.3 NAIC 3						ХХХ	0	0.0	ХХХ	ХХХ		
10.4 NAIC 4						XXX	0	0.0	ХХХ	XXX		
10.5 NAIC 5						XXX	0	0.0	ХХХ	XXX		
10.6 NAIC 6						XXX	0	0.0	XXX	XXX		
10.7 Totals	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0



SCHEDULE D - PART 1A - SECTION 1 (Continued)

12 Total from Col. 7 Over 1 Year Through Over 5 Years Over 10 Years No Maturity Total Col. 7 as a % From Col. 8 Total Publicly Total Privately Through 10 Years Through 20 Years Over 20 Years Date % of Line 11.7 NAIC Designation 1 Year or Less 5 Years Current Year Prior Year Prior Year Traded Placed (a) 11. Total Bonds Current Year .75.1 11.1 NAIC 1 164,818,430 .91,812,186 .27,081,196 .293,774 .284,005,587 .261,369,761 .22,635,826 11.2 NAIC 2 ..17,164,717 ..76,389,248 ...701,115 ..94,255,080 24.9 XXX XXX ...91,181,479 ..3,073,601 11.3 NAIC 3 0.0 XXX XXX XXX 0.0 XXX 11.4 NAIC 4 .0.0 _XXX_ XXX 11.5 NAIC 5 11.6 NAIC 6 0.0 XXX XXX .100.0 XXX .25,709,427 11.7 Totals ..181,983,147 168,201,434 .27,782,312 293.774 .378 , 260 , 667 XXX .352,551,240 11.8 Line 11.7 as a % of Col. 7 48.1 7.3 0.1 0.0 0.0 100.0 XXX XXX XXX 93.2 6.8 12. Total Bonds Prior Year .38.739.801 .83,755,748 .31.917.201 155,328,470 67 4 10.548.826 .915.719 XXX XXX 144.779.644 12.1 NAIC 1 ..74,981,783 .13,337,513 .59,475,858 .2,168,412 XXX XXX 32 6 ...73,631,347 ..1,350,436 12.2 NAIC 2 12.3 NAIC 3 XXX XXX 0 0 XXX XXX 0.0 12.4 NAIC 4 XXX XXX 0.0 12.5 NAIC 5 0 0 0 XXX XXX 0 0 12.6 NAIC 6 12.7 Totals ..52,077,315 .143,231,607 34.085.613 915.719 XXX XXX .230,310,253 100.0 218.410.991 .11,899,262 12.8 Line 12.7 as a % of Col. 9 22.6 62.2 14.8 0.4 0.0 0.0 XXX XXX 100.0 XXX 94.8 5.2 13. Total Publicly Traded Bonds 13.1 NAIC 1 .149,335,112 .84 .659 .679 .27.081.196 293.774 .261.369.761 144.779.644 62.9 .261.369.761 13.2 NAIC 2 .17.164.717 73.315.647 .701.115 .91.181.479 .24.1 .73.631.347 32.0 .91.181.479 XXX 0.0 0 0 XXX 13.3 NAIC 3 0 0 XXX 13.4 NAIC 4 0 0 13.5 NAIC 5 0.0 0.0 XXX 0 0 0 0 XXX 13.6 NAIC 6 XXX. ..166,499,828 .27,782,312 .93.2 ..218,410,991 94.8 13.7 Totals .157 ,975 ,326 .293,774 .352,551,240 .352,551,240 13.8 Line 13.7 as a % of Col. 7 .47.2 .44.8 ..0.1 0.0 0.0. .100.0 _XXX_ _XXX_ .XXX .100.0 XXX. 13.9 Line 13.7 as a % of Line 44.0 41.8 7.3 0.1 0.0 0.0 93.2 XXX XXX XXX 93.2 XXX 11.7, Col. 7, Section 11 14. Total Privately Placed Bonds 14.1 NAIC 1 ..15,483,319 ...7 , 152 , 507 ..22,635,826 .10,548,826 4.6 ..22,635,826 .3,073,601 ...3,073,601 8.0. ...1,350,436 .0.6 _XXX_ ..3,073,601 14.2 NAIC 2 0.0 0.0 _XXX_ 14.3 NAIC 3 0.0 _XXX_ 14.4 NAIC 4 0.0 14.5 NAIC 5 0 0 .0.0 _XXX_ 0.0 0.0 XXX 14.6 NAIC 6. .10,226.108 .25,709,427 14.7 Totals .15.483.319 .11.899.262 .5.2 XXX 25.709.427 60.2 .39.8 .0.0 0.0 0.0 0.0 100.0 XXX _XXX XXX _XXX 100.0 14.8 Line 14.7 as a % Col. 7 14.9 Line 14.7 as a % of Line 4.1 2.7 0.0 0.0 0.0 0.0 6.8 XXX XXX XXX XXX 6.8 11.7, Col. 7, Section 11

25,709,427 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A. (a) Includes \$

....; NAIC 4 \$

...; NAIC 5 \$

..; NAIC 6 \$

⁽b) Includes \$. .2,806,070 current year of bonds with Z designations, \$802, 169 prior year of bonds with Z designations, \$ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

^{..}current year of bonds with 5GI designations, \$ prior, 5* or 5GI designations and \$ current year, \$ prior year of bonds with 6* designations. "5GI*" means the NAIC designation was assigned by the SVO due to inadequate certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments. (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1\$94,580,490 ; NAIC 2 \$9,046,887 ; NAIC 3 \$...



SCHEDULE D - PART 1A - SECTION 2

	Ma	aturity Distribution o		December 31 At B			or Type and Subtype	of leeues				
Distribution by Type	1	2	3	4	5	6	7	8	9	10	11	12
Distribution by Type	·	Over 1 Year	Over 5 Years	Over 10 Years		No Maturity	Total	Col. 7 as a	Total from Col. 7	% From Col. 8	Total Publicly	Total Privately
	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Date	Current Year	% of Line 11.7	Prior Year	Prior Year	Traded	Placed (a)
1. U.S. Governments	00 000 004	0 0.17 110				WWW	00 000 440		0 000 547		00 000 440	
1.1 Issuer Obligations	20,663,031	3,017,410				XXX	23,680,442	6.3	3,803,517	1.7	23,680,442	
1.2 Residential Mortgage-Backed Securities						XXXXX		0.0 0.0	0	0.0		
1.3 Commercial Mortgage-Backed Securities 1.4 Other Loan-Backed and Structured Securities						XXX		0.0	0	0.0		
1.4 Other Loan-Backed and Structured Securities	20,663,031	3,017,410	0	0	0	XXX	23,680,442	6.3	3,803,517	1.7	23,680,442	0
2. All Other Governments	20,000,001	3,017,410	U	0	U	ΛΛΛ	23,000,442	0.5	3,003,317	1.7	25,000,442	0
2.1 Issuer Obligations						XXX	0	0.0	0	0.0		
2.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
2.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
2.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
2.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed		2 055 554	503,380			XXX	3,558,931	0.0	3,855,750	1.7	3,558,931	
3.1 Issuer Obligations		3,055,551				XXXXXX	3,558,931	0.9 0.0	3,800,750	0.0	3, 558, 931	
3.2 Residential Mortgage-Backed Securities						XXX		0.0	u	0.0		
3.4 Other Loan-Backed and Structured Securities						XXX		0.0	0	0.0		
3.5 Totals	0	3,055,551	503,380	0	0	XXX	3,558,931	0.9	3,855,750	1.7	3,558,931	0
U.S. Political Subdivisions of States, Territories and	0	0,000,001	303,300	0	0	ΛΛΛ	0,000,001	0.5	0,000,700	1.7	0,000,001	0
Possessions, Guaranteed												
4.1 Issuer Obligations	1,533,613	12,482,796	6,342,470			XXX	20,358,878	5.4	21,275,078	9.2	20,358,878	
4.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0		
4.3 Commercial Mortgage-Backed Securities						ХХХ	0	0.0	0	0.0		
4.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
4.5 Totals	1,533,613	12,482,796	6,342,470	0	0	XXX	20,358,878	5.4	21,275,078	9.2	20,358,878	0
5. U.S. Special Revenue & Special Assessment Obligations,												
etc., Non-Guaranteed												
5.1 Issuer Obligations	23.254.588	39 . 258 . 150	18,975,976	293.774		XXX	81,782,489	21.6	62.645.688	27.2	81.782.489	
5.2 Residential Mortgage-Backed Securities						XXX		0.0	0	0.0		
5.3 Commercial Mortgage-Backed Securities	2,146,909	3,456,444				XXX	5,603,353	1.5	0	0.0	5,603,353	
5.4 Other Loan-Backed and Structured Securities		1,096,135	656,412			XXX	1,752,547	0.5	1,786,514	0.8	1,752,547	
5.5 Totals	25,401,498	43,810,729	19,632,389	293,774	0	XXX	89,138,389	23.6	64,432,202	28.0	89,138,389	0
6. Industrial and Miscellaneous	110 000 100	02 040 027	904.115			XXX	244 002 420	56.0	02 424 057	40.6	107 271 075	14 624 254
6.1 Issuer Obligations	118,988,186	92,010,827	904, 115			XXXXXX	211,903,128	0.0	93 , 421 , 857		197 , 271 , 875	14,631,254
6.2 Residential Mortgage-Backed Securities						XXX	·· ············	0.0	l	0.0		
6.4 Other Loan-Backed and Structured Securities	15,396,819	13,824,121	399,958			XXX	29,620,898	7.8	43,521,850	18.9	18,542,725	11,078,173
6.5 Totals	134,385,006	105,834,948	1,304,073	n	0	XXX	241,524,027	63.9	136,943,706	59.5	215,814,600	25,709,427
7. Hybrid Securities	101,000,000	100,004,040	1,004,070	0	0		211,027,021		100,070,700		210,017,000	20,100,721
7.1 Issuer Obligations						XXX	0	0.0	0	0.0		
7.2 Residential Mortgage-Backed Securities						XXX	0	0.0	00	0.0		
7.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	00	0.0		
7.4 Other Loan-Backed and Structured Securities	_		_			XXX	0	0.0	0	0.0		
7.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates 8.1 Issuer Obligations						XXX	_	0.0	n	0.0		
8.1 Issuer Obligations						XXX	· ·······	0.0	n	0.0		
8.3 Commercial Mortgage-Backed Securities						XXX	n	0.0	n	0.0		
8.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0		
8.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
101010	0		U	0	·	.,,,,,		0.0	<u> </u>	U 0.0	<u> </u>	



SCHEDULE D - PART 1A - SECTION 2 (Continued)

				J - FAILI								
		Maturity Distribution	n of All Bonds Owne	ed December 31, at I	Book/Adjusted Carry	ing Values by Majo	r Type and Subtype	of Issues				
	1	2	3	4	5	6	7	8	9	10	11	12
		Over 1 Year	Over 5 Years	Over 10 Years		No Maturity	Total	Col. 7 as a	Total from Col. 7	% From Col. 8	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Date	Current Year	% of Line 11.7	Prior Year	Prior Year	Traded	Placed (a)
9. SVO Identified Funds		Ĭ		Ĭ								
9.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		Ĺ0	0.0	L0	L0.0 L.		
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		Ĺ0	0.0	L0	0.0 L.		
9.3 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
10. Bank Loans												
10.1 Bank Loans - Issued						XXX	L0	0.0	LXXX	L XXX		
10.2 Bank Loans – Acquired						XXX	0	0.0	XXX	XXX		
10.3 Totals	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11. Total Bonds Current Year	-											
11.1 Issuer Obligations	164,439,419	149,824,734	26,725,941	293.774	0	XXX	341,283,869	90.2	LXXX	L XXX	326,652,615	14,631,254
11.2 Residential Mortgage-Backed Securities	0		0		[XXX		0.0	XXX	XXX	0	[
11.3 Commercial Mortgage-Backed Securities	2,146,909	3,456,444	0	0	0	XXX	.5,603,353	1.5	XXX	XXX	5.603.353	0
11.4 Other Loan-Backed and Structured Securities	15,396,819	14,920,256	1,056,370	0	0	XXX	31.373.445	8.3	XXX	XXX	20,295,272	11,078,173
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
11.6 Bank Loans	0	0	0	0	0		0	0.0	XXX	XXX	0	0
11.7 Totals	181,983,147	168,201,434	27 ,782 ,312	293.774	0	0	378,260,667	100.0	XXX	XXX	352,551,240	25,709,427
11.8 Lines 11.7 as a % Col. 7	48.1	44.5	7.3	0.1	0.0	0.0	100.0	XXX	XXX	XXX	93.2	6.8
12. Total Bonds Prior Year	10.1	11.0	7.0	0.1	0.0	0.0	100.0	7000	AAAA	7001	00.2	0.0
12.1 Issuer Obligations	33,921,728	117 , 865 , 343	32,299,099	915,719	l n	XXX	XXX	XXX	185.001.890	80.3	182.851.589	2, 150, 301
12.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
12.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
12.4 Other Loan-Backed and Structured Securities	18,155,586	25,366,263	1.786.514	0	0	XXX	XXX	XXX	45.308.364	19.7	35,559,402	9.748.961
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	0	0.0	00,000,102	0
12.6 Bank Loans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12.7 Totals	52,077,315	143,231,607	34,085,613	915.719	0	0	XXX	XXX	230,310,253	100.0	218.410.991	11.899.262
12.8 Line 12.7 as a % of Col. 9	22.6	62.2	14.8	0.4	0.0	0.0	XXX	XXX	100.0	XXX	94.8	5.2
13. Total Publicly Traded Bonds	22.0	02.2	17.0	0.4	0.0	0.0	AAAA	AAA	100.0	AAA	04.0	0.2
13.1 Issuer Obligations	154,412,483	145,220,417	26,725,941	293,774		XXX	326,652,615	86.4	182,851,589	79.4	326.652.615	Lxxx
13.2 Residential Mortgage-Backed Securities	104,412,400	140,220,417	20,720,041	200,774		XXX	0	0.0	102,001,000	0.0	0020	XXX
13.3 Commercial Mortgage-Backed Securities	2,146,909	3,456,444				XXX	5,603,353	1.5	l	0.0	5,603,353	XXX
13.4 Other Loan-Backed and Structured Securities	9.940.437	9.298.466	1,056,370			XXX	20,295,272	5.4	35,559,402	15.4	20,295,272	XXX
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		n	0.0	n	0.0	n	XXX
13.6 Bank Loans	////					XXX	0	0.0	XXX	XXX	0	XXX
13.7 Totals	166,499,828	157 . 975 . 326	27 ,782 ,312	293.774	n	0	352,551,240	93.2	218.410.991	94.8	352,551,240	XXX
13.8 Line 13.7 as a % of Col. 7	47.2	44.8		0.1	0.0	L0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	44.0	41.8	7.9	0.1	0.0	0.0	93.2	XXX	XXX	XXX	93.2	XXX
14. Total Privately Placed Bonds	77.0	71.0	7.0	0.1	0.0	0.0	30.2	AAA	AAA	AAA	JU.2	AAA
14.1 Issuer Obligations	10,026,936	4,604,317				XXX	14,631,254	3.9	2,150,301	0.9	XXX	14,631,254
14.2 Residential Mortgage-Backed Securities	10,020,330					XXX	n	0.0		0.0	XXX	n
14.3 Commercial Mortgage-Backed Securities						XXX	n	0.0	n	0.0	XXX	n
14.4 Other Loan-Backed and Structured Securities	5,456,383	5,621,791		ļ		XXX	11,078,173	2.9	9,748,961	4.2	XXX	11,078,173
14.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	11,070,173	0.0	0	0.0	XXX	I 1,070,173
14.6 Bank Loans						XXX	0	0.0	XXX	XXX	XXX	I
14.7 Totals	15,483,319	10,226,108	0	0	<u> </u>	0	25,709,427	6.8	11,899,262	5.2	XXX	25,709,427
14.7 Totals			0.0	0.0	0.0	0.0	25,709,427	XXX	XXXXX	XXX	XXX	100.0
	4.1	2.7	0.0	0.0	0.0	0.0	6.8	XXX	XXX	XXX	XXX	6.8
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	4.1	2.1	0.0	1 0.0	0.0	0.0	0.8	۸۸۸	1 ^^^	٨٨٨	۸۸۸	0.δ



SCHEDULE DA - VERIFICATION BETWEEN YEARS

	Short-Term Investments				
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
Book/adjusted carrying value, December 31 of prior year	23 ,242 ,630	23,242,630	0	0	
Cost of short-term investments acquired	175 , 141 , 874	175,141,874			-
3. Accrual of discount		372,463			
Unrealized valuation increase (decrease)	0				
5. Total gain (loss) on disposals	(39,266)	(39,266)			
6. Deduct consideration received on disposals		97 ,838 ,162			
7. Deduct amortization of premium		386,803			
Total foreign exchange change in book/adjusted carrying value	0				
Deduct current year's other-than-temporary impairment recognized	0				
10. Book adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	100,492,736	100,492,736	0	0	
11. Deduct total nonadmitted amounts					
12. Statement value at end of current period (Line 10 minus Line 11)	100.492.736	100.492.736	0	0	1

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:



Schedule DB - Part A - Verification

Schedule DB - Part B - Verification

Schedule DB - Part C - Section 1

Schedule DB - Part C - Section 2

Schedule DB - Verification



46,586,104

3,134,641

SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS

(Cash Equivalents) Money Market Bonds Other (a) Total Mutual Funds .317,207,771 ..9,919,973 ..307, 287, 799 1. Book/adjusted carrying value, December 31 of prior year. .1,887,503,148 ..45,555,514 .1,841,947,634 2. Cost of cash equivalents acquired... 3. Accrual of discount... .30.547 .30.547 0 4. Unrealized valuation increase (decrease). .1,552 ...1,552 5. Total gain (loss) on disposals. .2,154,919,339 .52,270,010 .2,102,649,329 6. Deduct consideration received on disposals. .102,935 .102,935 7. Deduct amortization of premium... 0 8. Total foreign exchange change in book/adjusted carrying value. ..0 9. Deduct current year's other-than-temporary impairment recognized. 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9). .49,720,745 .3,134,641 ..46,586,104 11. Deduct total nonadmitted amounts.... 0

49,720,745

12. Statement value at end of current period (Line 10 minus Line 11)

⁽a) Indicate the category of such investments, for example, joint ventures, transportation equipment



Schedule A - Part 1

Schedule A - Part 2

Schedule A - Part 3

Schedule B - Part 1

Schedule B - Part 2

Schedule B - Part 3

Schedule BA - Part 1

Schedule BA - Part 2

Schedule BA - Part 3



											PARII	V								
1	2		Codes	6	7	Fair	Value	Showing All I	Long-Term BON 11		ember 31 of Current \ hange in Book / Adjuste					Interes	t		D	ates
		3 4 F	•			8	9			12	13	14 Current	15	16	17	18	19	20	21	22
) () () () () () () () () () (-	NAIC Designation and Admin-	ו	Rate Used to Obtain			Book/ Adjusted	Unrealized Valuation	Current Year's	Year's Other Than Temporary	Total Foreign Exchange Change		Effective		Admitted Amount	Amount Rec.		Stated Contractual
CUSIP Identification	Description	Code r	·	istrative	Actual Cost	Fair Value	Fair Value	Par Value	Carrying Value	Increase/ (Decrease)	(Amortization)/ Accretion	Impairment Recognized	In B./A.C.V.	Rate of	Rate	When Paid	Due & Accrued	During Year	Acquired	Maturity Date
	. Governments – Issuer Obligat	ions																		
	UNITED STATES TREASURYUNITED STATES TREASURY			11	2,468,945 3,017,471	99.0781	2,476,953	2,500,000 3,000,000	2,476,953 3,017,410		8,008 (61)			1.375	2.635 2.607		8,783 14,130	17 , 188	09/27/2018 12/24/2018.	09/30/2019 04/30/2023
912828-LY-4	UNITED STATES TREASURY			1	3,020,508	100.5781	3,017,344	3,000,000	3,016,375		(4,133)			3.375	2.735	MN	13,146	50,625	10/10/2018	11/15/2019
	UNITED STATES TREASURY	SD			206 , 125	99.7500 98.7969	204,488	205,000	205,144		(587) 1,289			1.500	1.210 2.572			3,075 1,550	04/27/2017	03/31/2019
912828-WL-0	UNITED STATES TREASURY	SD		11	1,628,721	99.5938	1,613,419	1,620,000	1,621,791		(4,312)			1.500	1.230	MN	2,136	24,300	05/19/2017	05/31/2019
		SD			1,559,006 2,479,980	99.5469 99.4688	1,542,977	1,550,000 2,500,000	1,552,255 2,488,743		(4,491) 8,763			1.625 1.625	1.330 2.410		12,663 17,001	25,188	06/27/2017	06/30/2019 07/31/2019
	UNITED STATES TREASURY	suer Oblig	ations		14,685,901	ХХХ	2,486,719 14,679,106	14,685,000	14,685,106	0	4,476	0	0	XXX	XXX XXX	XXX	69,436	142,238	07/16/2018 XXX	XXX XXX
	. Governments - Residential Mo			ties	11,000,001	7000	11,010,100	11,000,000	11,000,100	· ·	1, 110	-	·	7000	707	7077	00,100	112,200	1 7000	7000
	. Governments – Commercial Mor																			
	. Governments - Other Loan-Bac				14 005 001	VVV	44 070 400	44 005 000	44 005 400		4 430		^	VVV	VVV		00 400 1	440.000	VVV	I VVV
	Bonds - U.S. Governments - Sul Other Governments - Issuer Ob		u.S. Govern	ments	14,685,901	XXX	14,679,106	14,685,000	14,685,106	0	4,476	0	0	XXX	XXX	XXX	69,436	142,238	XXX	XXX
	Other Governments - Residenti		e-Backed Se	ecurities																
	Other Governments - Commercia																			
Bonds - All	Other Governments - Other Loa	an-Backed a	ınd Structur	red Securities	3															
	. States, Territories and Pos	ssessions (Direct and																	
13063C - 4B - 3 13063D - GB - 8	CALIFORNIA STCALIFORNIA ST		2	1FE 1FE			777,868 504,025	775,000 500,000			(226)			2.403 3.375	2.370 3.255	MON	1,480 4,219	16,308	02/14/2017 04/18/2018	12/01/2031 04/01/2025
57582P-5Q-9	. MASSACHUSETTS ST			1FE	698,216	98.6450	690,515	700,000	698,619		370			1.700	1.757	FA	4,958	11,900	11/27/2017	08/01/2043
	WASHINGTON ST.	<u>l</u>		1FE	1,636,425	104.9820	1,574,730	1,500,000	1,581,386		(50,343)			5.000	1.520	FA	31,250	75,000	11/22/2017	08/01/2020
1199999 -	Bonds - U.S. States, Territor Guaranteed) - Issuer Obliga		ssessions (Direct and	3,614,330	XXX	3.547.138	3.475.000	3,558,931	0	(50,539)	0	0	XXX	XXX	XXX	41.907	110,521	XXX	XXX
Bonds - U.S.	. States, Territories and Poss		irect and G	Guaranteed) -				0,470,000	0,000,001	0_	(00,000)	0		AAA	AAA	AAA	71,507	110,021	AAA	AAA
Bonds - U.S.	. States, Territories and Poss	sessions (D	irect and G	Guaranteed) -	Commercial Mort	gage-Backed Se	ecurities													
	. States, Territories and Poss				Other Loan-Back	ed and Structu	red Securities													
1/99999 -	Bonds - U.S. States, Territor Guaranteed) - Subtotals - U																			
	Possessions (Direct and Gua		, 101111011	oo unu	3,614,330	XXX	3,547,138	3,475,000	3,558,931	0	(50,539)	0	0	XXX	XXX	XXX	41,907	110,521	XXX	XXX
	. Political Subdivisions of St		itories and	Possessions				S										,		
	BOLINGBROOK ILL			1FE	908,470		816 , 147 593 , 435	795,000	818,577		(23 , 115) (10 , 383)			5.000 5.250	1.990 2.643		19,875 2,188	39,750	11/27/2014	01/01/2020
123547 - 2N - 0	BUTLER CNTY OHIOCHICAGO ILL MET WTR			1FE		118 .6870		500,000	592,540		(10,383)				2.043	JD	2,100	26,250	11/27/2017	12/01/2026
	RECLAMATION DIST GTR		2	1FE	445,816	107.7780	431,112	400,000	434,520		(11,296)			5.000	1.940	JD	1,667	20,000	01/03/2018	12/01/2025
			2	1FE 1FE	1,131,230		1,049,260	1,000,000	1,059,328		(18,657)			5.000 5.000	2.920 1.870		25,000 2,222	50,000 51,111	12/17/2014 12/01/2017	01/01/2026
	CLEAR CREEK TEX INDPT SCH				1,070,750		, , , , , , , , , , , , , , , , , , , ,	, ,	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,						,	,	12/01/201/	
				1FE	496,275	99.1160	495,580	500,000	497,773		1,347		-	1.450	1.730		2,739	7,270	11/20/2017	02/15/2035
199492-XY-0 213185-CV-1				1FE 1FE		103.6200 102.4530	414,480	400,000	1, 157, 105		(30,537)			3.550 5.000	3.550 2.200	AO	2,919 7,219	56.500	10/04/2018	04/01/2026
	COOK CNTY ILL SCH DIST NO 12	3			, , , , , , , , , , , , , , , , , , , ,			,,			i ' 'i		1						İ	
214651-KH-3	OAK LAWN			1FE	509,193		525,663	675,000	518,501		9,308			2 260	3.850		2 574		07/06/2018	12/01/2025
	DEARBORN MICH			1FE	410,000	100.9960	414,084 901,994	410,000	410,000		(13,395)			3.269	3.268 2.351		3,574 1,556	34,417	09/06/2018 12/13/2017	05/01/2023
249002-BA-3	DENTON TEX INDPT SCH DIST			1FE	501,550	99.9560	499,780	500,000	500,931		(571)			2.000	1.880	FA	4,167	10,000	11/27/2017	08/01/2043
				1FE	837,773		820,458	705,000	820,474		(17,111)		.	5.000	2.181		8,813	26,731	12/14/2017	04/01/2025
418308-RD-6	HASLETT MICH PUB SCH DIST KANE COOK & DU PAGE CNTYS ILI	;		1FE	518,790	109.8840	477,995	435,000	475,241		(11,542)			5.000	2.109	MN	3,625	21,750	01/07/2015	05/01/2022
	SCH DIST N			1FE	883,660	90.7420	907,420	1,000,000	908,264		21,588		<u> </u>	ļ	2.420				11/08/2017	01/01/2023
516228-QG-1	LANSE CREUSE MICH PUB SCHS		2	1FE	1,207,460		1,097,304	1,025,000	1,095,173		(29, 131)			5.000	1.980		8,542	51,250	01/08/2015	05/01/2023
521841-DK-9	LEANDER TEX INDPT SCH DIST LIBERTY HILL TEX INDPT SCH	@	3	1FE	338,832	37 .7540	339,786	900,000	349,684		7,010				1.940	N/A			06/12/2017	08/15/2040
530574-LM-2	DIST			1FE	787 , 163		781,110	750,000	780,669		(6,310)			3.000	2.061	FA	9,375	15,000	12/01/2017	08/01/2023
580458-GX-9	MC FARLAND WIS SCH DIST		2	1FE	602,560	115.0720	575,360	500,000	584,799		(12,562)			5.000	2.090	AO	6.250	29 . 167	07/24/2017	04/01/2027



									_	_		PARII	.,								
1	2	l	Code	es l	6	7	Fair	Value	Showing All L	ong-Term BOI		ember 31 of Current ` nange in Book / Adjust					Interes	t		n:	ites
'	_	3	4	5	1 ~	,	8	9	1 .0		12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	F o r e i g		NAIC Designation and Admin- istrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
627678-7H-2.	MUSKEGON CNTY MICH				1FE	500,000	101 . 1590	505,795	500,000	500,000					3.530	3.526	MN	539		12/12/2018	11/01/2024
720526-XN-7.	PIERCE CNTY WASH SCH DIST NO 320 SUMNER	ļ		2	1FE	1,081,366	109.2670	1,059,890	970,000	1,067,910		(11,878)			4.000	2.500	JD	3,233	38,800	11/09/2017	12/01/2029
753351-LV-5.	RAPID CITY S D AREA SCH DIST NO 51-4RAPID CITY S D AREA SCH DIST	ļ			1FE	629,975	108.9880	615,782	565,000	614,115		(15,688)			5.000	2.000	JJ	14 , 125	14,360	12/01/2017	01/01/2022
753351-LW-3.	NO 51-4				1FE	676,926	111.5760	663,877	595,000	661,111		(15,643)			5.000	2.090	JJ	14,875	15,123	12/01/2017	01/01/2023
755638-YT-4	READING PA SCH DIST	ļ		<u>-</u>	1FE	284,800	109.0820	272,705	250,000	274,729		(7,530)			5.000	1.770	MS	4,167	12,535	07/28/2017	03/01/2022
755638-YU-1.	SAN ANTONIO TEX INDPT SCH				1FE 1FE	301,332	109 .2190	289,479	260,000	291,666		(31,204)			5.000	1.670	MS FA	4,333	13,036	07/28/2017	03/01/2023
796269 - VK - 1. 844368 - KY - 5	DISTSOUTHGATE MICH CMNTY SCH DIST.			-	1FE	1,135,010 593.905	114.8040	1,092,190 574,020	1,000,000	1,100,881		(31,204)			5.000	2.691	FA	18,889 4,167	50,000	11/22/2017 01/09/2015	02/15/2022 05/01/2024
864856-DT-3.	SUGAR LAND TEX				1FE	282,448	109 . 4090	273,523	250,000	274,746		(7,618)			5.000	1.730	FA	4,722	7,882	12/06/2017	02/15/2022
888514-JQ-0.	VISTANCIA CMNTY FACS DIST			-	1FE	390,592	118.0120	383,539	325,000	380,758		(7,060)			5.000	2.380	MS	5,417	16,250	07/19/2017	03/01/2026
92839N-CC-5. 940859-CC-3.					1FE	415,277	101.6670 113.5530	376 , 168 567 , 765	370,000 500,000	376,508 570,825		(11,942) (12,178)			5.000 5.000	1.701 2.210	JJ JD	8,531 2,083	18,500 25,694	08/19/2015 11/28/2017	07/15/2019 06/01/2024
970294-CD-4.	WILLIAMSTON MICH CMNTY SCHS			T:	1FE	349,323	106.6790	346,707	325,000	337 ,847		(3,634)			4.000	2.750	MN	2,167	13,000	09/10/2015	05/01/2022
1099999 -	Bonds - U.S. Political Subdivis Possessions (Direct and Guara					21,076,844	XXX	20,363,015	19,910,000	20,358,878	0	(316,813)	0	0	XXX	XXX	XXX	196,977	689,376	XXX	l xxx
Bonds - U.S	. Political Subdivisions of Sta						ranteed) - Res		age Backed Secur			(0.0,0.0)						,	000,000		
	. Political Subdivisions of Sta								ge-Backed Securi												
	. Political Subdivisions of Stat					(Direct and Gua	ranteed) - 0th	er Loan-Backed	and Structured	Securities											
2499999 -	Bonds - U.S. Political Subdivis Possessions (Direct and Guara Political Subdivisions of Sta	nteed)	- Sub	totals -	U.S.																
	(Direct and Guaranteed)					21,076,844	XXX	20,363,015			0	(316,813)	0	0	XXX	XXX	XXX	196,977	689,376	XXX	XXX
Bonds - U.S	. Special Revenue and Special As ABILENE KANS PUB BLDG COMMN	ssessm	ent Obl	igations	and all Non	i-Guaranteed Obl	igations of Ag	encies and Auth	norities of Gove	rnments and The	ir Political Subdi	visions - Issuer Obl	igations								
003430-BH-7.	REV				1FE	925.237	120.4690	921.588	765.000	910.228		(14,307)			5.000	2.600	JD	3.188	36,869	11/22/2017	12/01/2027
010053-BC-9.	AKRON OHIO ECONOMIC DEV REV				1FE	502,715	100.5190	502,595	500,000	502,214		(501)			3.150	2.990	JD	1,313	15,750	04/12/2018	12/01/2021
01757L -GG -5. 040507 -PA -7.	ALLEN CNTY OHIO HOSP FACS REV ARIZONA HEALTH FACS AUTH REV	ļ			1FE 1FE	1,118,290	109.0540	1,090,540	1,000,000	1,091,474		(26,058)			5.000	2.152	FA	20,833	30,556	12/13/2017	08/01/2047
040307 -PA-7.	ARKANSAS ST DEV FIN AUTH				IFE	692,484	102.7810	616,686		617 ,723		(19,062)			5.000	1.731	JD	2,500	30,000	12/17/2014	12/01/2019
041080-JJ-2		ļ			1FE	499,900	99.7960	498,980	500,000	499,955		51			1.690	1.701	MN	1,408	7,769	11/28/2017	11/01/2021
052409 - DE - 6.	ENTERPRISES INC COBAY AREA TOLL AUTH CALIF TOLL			·····	2FE	400,341	109.2760	382,466	350,000	386,323		(8,580)			5.000	2.271	JJ	8,750	17,500	05/02/2017	01/01/2023
072024-UL-4.	BRDG REV BEDFORD PK VLG ILL			2	1FE	775,000	100.5060	778,922	775,000	775,000					2.100	2.100	A0	4,069	16,275	02/15/2017	04/01/2045
076441-DL-5. 084538-HD-2.		ļ		2	1FE 1FE		102.9890	207 ,444 514 ,945	200,000	207 ,068		(1,780) (17,367)		 	4.000 5.500	2.730 1.920	JD	667 4.583	8,000 27,500	03/21/2018 12/11/2014	12/01/2021 11/01/2024
084538-HH-3.				2	1FE	582,910	102.9690	510,525	500,000	514,687		(17,367)			5.500	1.920	MN	4,583	27,500	12/11/2014	11/01/2024
087368-AH-9.		ļ		2	1FE	750,000	99.7510	748 , 133	750,000	750,000					2.254	2.254	MON	1,311	14,102	11/07/2017	01/01/2030
091156-NN-5.	CIVIC CTR AUTHCANADIAN CNTY OKLA EDL FACS	ļ			1FE	600,000	100.5050	603,030	600,000	600,000					3.250	3.251	JJ	7,800		07/18/2018	07/01/2021
135521-CJ-9. 145810-DD-6.	AUTH EDL FAC				1FE 2FE	556,565 383,845	108.9400 106.9520	544,700 374,332	500,000 350,000	544,909 374,627		(7,321) (8,898)			4.000 5.000	2.299 2.262	MS	6,667 5,833	25,333 12,250	05/10/2017 11/29/2017	09/01/2024 09/01/2021
151452-AP-4.	CENTER CITY MINN HEALTH CARE FACS REV			2	2FE	592,126	101.6940	574,571	565,000	576,693		(13,840)			4.300	1.780	MN	4,049	24,295	11/16/2017	11/01/2024
167562-RM-1	CHICAGO ILL O HARE INTL ARPT			1	1FE	400,000	101.8470	407,388	400,000	400,000					3.697	3.697	JJ	6,162		07/25/2018	01/01/2026
167593-KX-9	REV	I		2	1FE	505.415	102.6410	513.205	500.000	503.515		(1.087)		1	4.000	3.750	JJ	10.000	20.000	03/10/2017	01/01/2029



Showing All Long-Term RONDS Owned December 31 of Current Year

									Showing All L	ong-Term BON	IDS Owned Dece	ember 31 of Current \	Year								
1	2		Code	es	6	7	Fair '	Value	10	11	Cl	nange in Book / Adjuste	ed Carrying Value				Interes	st		Da	tes
İ		3	4	5	1		8	9	1		12	13	14	15	16	17	18	19	20	21	22
CUSIP			F o r e i	Bond	NAIC Designation and Admin- istrative	Actual	Rate Used to Obtain Fair	Fair	Par	Book/ Adjusted Carrying	Unrealized Valuation Increase/	Current Year's (Amortization)/	Current Year's Other Than Temporary Impairment	Total Foreign Exchange Change In	Rate	Effective Rate	When	Admitted Amount Due &	Amount Rec. During		Stated Contractual Maturity
Identification	Description			CHAR	Symbol	Cost	Value	Value	Value	Value	(Decrease)	Accretion	Recognized	B./A.C.V.	of	of	Paid	Accrued	Year	Acquired	Date
	CLAYTON CNTY GA DEV AUTH				, ,						(,										
18414P-BD-7.	COBB CNTY GA KENNESTONE HOSP				1FE	606,425	117 .2650	586,325	500,000	594,392		(11,431)			5.000	2.250	JJ	12,500	13,819	11/10/2017	07/01/2026
190813-QT-5.					1FE	477,008	115 .8850	463,540	400,000	466,936		(7,149)			5.000	2.721	A0	5,000	20,000	07/14/2017	04/01/2027
19648A - 4R - 3. 19986T - AW - 4.	COMANCHE CNTY OKLA EDL FACS				2FE 1FE	335,463	107 .3840	322, 152	300,000	324,363		(8,106)			5.000	2.086	A0 JD	3,750	15,000	08/14/2017	10/01/2038
199001-AW-4.	CONNECTICUT ST HEALTH & EDL				IFE	477 , 564	114.0430	439,300	400,000	400,322		(0,079)				2.421	JD		20,000	07/19/2017	12/01/2025
20774Y - J9 - 9.					1FE	477,560	92.4650	462,325	500,000	481,334		2,231			2.000	2.550	JJ	5,000	10,000	04/12/2017	07/01/2042
246352-HM-3					1FE	1.500.000	100 . 1160	1,501,740	1.500.000	1.500.000					3.000	2.999	JJ	1,625		12/07/2018	01/01/2020
26822L -MG -6.				2,5	1FE	1,000,000	100.6150	1,006,150	1,000,000	1,000,000					2.729	2.769	MON	2,156	23,904	02/17/2017	09/01/2039
296130-CE-5.	REVFARMINGTON N MEX POLLUTN CTL			-	1FE	1,000,000	99.9460	999,460	1,000,000	1,000,000					2.100	2.101	JJ	10,500	21,000	04/10/2014	07/01/2022
311450-FP-0.					2FE	250,000	97 . 1370	242,843	250,000	250,000					2 . 125	2 . 125	JD	443	5,313	05/17/2017	06/01/2040
3130AC-M9-2	FEDERAL NATIONAL MORTGAGE				11	2,470,075	99 . 1106	2,477,765	2,500,000	2,477,391		7 ,316			1.500	2.648	AO	7,292	18,750	09/27/2018	10/21/2019
3135G0-ZG-1.	FEDERAL HOME LOAN MORTGAGE			-	11	1,985,600	99 . 4001	1,988,002	2,000,000	1,990,390		4,790			1.750	2.454	MS	10,597	17 ,500	08/24/2018	09/12/2019
3137EA-EB-1.	CORP				ļ1	1,969,380	99.0708	1,981,416	2,000,000	1,983,202		13,822		ļ	0.875	2.425	JJ	7 ,875	8 , 750	07/16/2018	07/19/2019
000050 11/ 0	FULTON CNTY GA DEV AUTH HOSP				455	000 400	440 0000	200 170	050 000	004 005		(4, 400)			F 000	0.704		0.405	40 500	07/44/0047	0440440007
36005G-AK-9.					1FE	298,130	116.0680	290 , 170	250,000	291,835		(4,468)			5.000	2.721	A0	3,125	12,500	07/14/2017	04/01/2027
366168-MC-3 37358M-EA-5					1FE1FE	486,544 539,210	119 .4330 104 .4300	477 , 732 522 , 150	400,000	474,041 522,892		(8,089)			5.000 5.000	2.481 1.710	MS JD		20,000	05/17/2017 12/19/2017	03/01/2027 06/01/2020
37 330W-EA-3.	GRANT CNTY WASH PUB UTIL DIST				IFE		104.4300					(15,843)				1.710	JD	2,003	20,000	12/19/2017	00/01/2020
387874-XJ-4					1FE	308,721	108.9120	299,508	275,000	300,334		(8,119)		1	5.000	1.830	JJ	6,875	7,295	12/01/2017	01/01/2022
41401P-CC-5.					1FE	953,488	107.9990	917,992	850,000	926,717		(25,848)			5.000	1.761	MN	5,431	38,486	12/06/2017	11/15/2021
41981P-CF-6.				2	1FE	1,000,000	99.5730	995,730	1,000,000	1,000,000					1.900	1.900	JJ	9,500	10,819	11/30/2017	01/01/2021
452022 - AR - 7	REV.				2FE	270.458	106.3260	260,499	245.000	266 . 183		(3.933)			5.000	3.090	JD	1,021	12,284	11/16/2017	12/01/2023
45203H-YM-8.					1FE	222,429	104 . 1750	213,559	205,000	217,577		(3,422)			4.000	2.170	JJ	4,100	8,200	07/25/2017	07/01/2022
45204E - QV - 3.					1FE	109 , 142	105.0360	105,036	100,000	105,752		(2,789)			5.000	2.050	JJ	2,500	5,000	10/10/2017	01/01/2021
452227 - GZ - 8.				2	2FE	679,140	106 . 1380	636,828	600,000	660 , 182		(12,589)		ļ	5.000	2.600	JD	1,333	30,000	06/21/2017	06/15/2025
45 4705 55 0	INDIANA HEALTH & EDL FAC FING				455	007.050	00.0500	007 574	700.000	000 010		0.000			4 750	0.440		4 505	40.050	00/04/00/7	14/45/0004
454795-FE-0. 463794-JQ-1					1FE 2FE.	687,650 572,695	99 .6530 109 .7250	697 ,571 548 ,625	700,000 500,000	692,619 560,092		2,600 (11,767)		 	1.750 5.000	2.143 2.331	MN AO	1,565 5,278	12,250	02/01/2017 11/15/2017	11/15/2031 10/15/2023
463794-KJ-5				2.5	2FE2FE	1.000.000	109.7250	1,002,020	1,000,000	1,000,000		(11,707)			2.810	2.810	MON		21,436	11/30/2017	10/15/2023
49130N-DE-6	KENTUCKY HIGHER ED STUDENT LN			2 , 0	1FE		100.2020		500.000	528,256		(11,202)			5.000	2.571	JD	2,083	25,119	04/26/2017	10/13/2044
507152-AK-2	LAGRANGE-TROUP CNTY GA HOSP				1FE	238,504	116.0680	232,136	200,000	233,468		(3,575)			5.000	2.721	AO	2,500	10,000	07/14/2017	04/01/2027
1	LEXINGTON CNTY S C HEALTH				[200,001						(0,010)		T	I						[
529050-EG-7.	SVCS DIST INCLINCOLN CNTY OKLA EDL FACS				1FE	557 , 190	106.7100	533,550	500,000	542,361		(14,433)			5.000	1.911	MN	4,167	21,458	12/06/2017	11/01/2021
533345-AU-8.				2	1FE	1, 176, 580	113.9690	1,139,690	1,000,000	1 , 157 , 482		(18,255)		ļ	5.000	2.710	MS	16,667	50,000	12/14/2017	09/01/2027
54627C-AQ-6.				2	1FE	1,000,000	99.7400	997,400	1,000,000	1,000,000					1.830	1.830	MN	3,050	16,063	12/08/2017	05/01/2020
56035D-AH-5.					1FE	674,600	106.5840	666 , 150	625,000	666 , 178		(8,422)			4.000	2.330	MS	8,333	14 , 167	01/29/2018	03/01/2023
57584X-D8-1	MASSACHUSETTS ST DEV FIN AGY			1	2FE	100 . 165	100.0490	100.049	100.000	100.125		(40)			3.363	3.235	JJ	1.682		08/22/2018	01/01/2020
57586N-V9-9.				2	1FE	1,000,000	100.0490	1,000,049	1,000,000	1,000,000		(40)		†	2.050	2.050	JD	1,708	20 , 158	11/29/2017	12/01/2021
576000-NR-0.	MASSACHUSETTS ST SCH BLDG			∠	1FE	1,719,735	100.0010	1,648,560	1,000,000	1,670,361		(45, 146)			5.000	1.750		28,333	75,000	11/29/2017	08/15/2027
07 0000 - NIV - 0.	יייייייייייייייייייייייייייייייייייייי				p	1,110,100	100.3040	1 , 040 , 000		1,070,301		(40, 140)		 	١٠٠٠٠ لد		J /\	∠∪,∪∪∪		1 44 40 11	LDU1 1012021



Showing All Long-Term **BONDS** Owned December 31 of Current Year

									Showing All L	ong-Term BO	IDS Owned Dece	ember 31 of Current \	Year								
1	2		Codes	s	6	7	Fair	Value	10	11	CI	nange in Book / Adjuste	ed Carrying Value				Interes	st		Da	tes
			4 F o r e i		NAIC Designation and Admin-		8 Rate Used to Obtain	9		Book/ Adjusted	12 Unrealized Valuation	13 Current Year's	14 Current Year's Other Than Temporary	Total Foreign Exchange Change	16	17 Effective	18	19 Admitted Amount	20 Amount Rec.	21	22 Stated Contractual
CUSIP	B daffa .			Bond	istrative	Actual	Fair	Fair	Par	Carrying	Increase/	(Amortization)/	Impairment	In	Rate	Rate	When	Due &	During	A	Maturity
Identification	Description METROPOLITAN TRANSN AUTH N Y	Code	n (CHAR	Symbol	Cost	Value	Value	Value	Value	(Decrease)	Accretion	Recognized	B./A.C.V.	of	of	Paid	Accrued	Year	Acquired	Date
59261A-PY-7				2	1FE	916,418	117 .6700	882,525	750,000	901,561		(14,158)			5.000	2.560	MN	4,792	34,479	11/22/2017	11/15/2028
59333H-CL-8	PROFESSIONAL SPORTS			1	1FE	400,000	101.0930	404,372	400,000	400,000					3.356	3.355	AO	4,326		08/09/2018	10/01/2022
59447T-QB-2	FACILITIES A				1FE	1,166,120	113 . 1740	1,131,740	1,000,000	1,138,730		(26,592)			5.000	2.020	JD	4,167	47 , 222	12/08/2017	12/01/2023
594700-BJ-4	.MICHIGAN ST TRUNK LINE FD MILWAUKEE WIS REDEV AUTH				1FE	586,430	109.9120	549,560	500,000	550,544		(17,243)			5.500	1.820	MN	4,583	27 , 500	11/21/2016	11/01/2021
602418-CK-9 60534T-X6-7	REDEV LEASE REV			2	1FE	682,413 702,200	116 . 2460 109 . 0790	656,790 681,744	565,000 625,000	665 , 422 674 , 768		(11,316) (14,559)			5.000 5.000	2.498 2.434	MN AO	3,610 7,813	38,922 31,250	06/07/2017 02/01/2017	11/15/2027 04/01/2022
64461X-AU-9	NEW HAMPSHIRE HEALTH & ED FACS AUTH REV NEW HAMPSHIRE ST BUSINESS FIN			2	1FE	451,928	109.6550	438,620	400,000	440 , 400		(7,423)			5.000	2.820	JJ	10,000	21,333	05/24/2017	01/01/2030
	AUTH WTR F				1FE	1,510,463 613,485	109 .8390 118 .5570	1,449,875 592,785	1,320,000 500,000	1,420,358 598,492		(23,294) (9,967)			5.000 5.000	2.970 2.481	JJ A0	33,000 6,250	66,000 25,000	12/11/2014 06/13/2017	01/01/2023 10/01/2027
645424-AF-9	NEW HOPE CULTURAL ED FACS FIN CORP TEX H				1FE	1,187,170	117 .6300	1,176,300	1,000,000	1,164,242		(22,686)			5.000	2.311	FA	18,889	31,528	12/14/2017	08/15/2025
64577B-JL-9	REV				2FE	519,900	102.7640	513,820	500,000	512,895		(7,005)			5.000	2.730	MS	8,333	12,500	05/07/2018	03/01/2020
646066-U7-3				1	1FE	293,601	99 . 1920	297 ,576	300,000	293,774		173			3.683	3.926	JJ	5,525		08/27/2018	07/01/2029
646108-VV-9	NEW JERSEY ST HSG & MTG FIN AGY MULTI-FA NEW ORLEANS LA AVIATION BRD				1FE	455,000	99.7160	453,708	455,000	455,000					2.300	2.300	MN	1,744	10,465	04/06/2017	11/01/2021
64763H-GU-3	REV				1FE	464,908	113 . 1830	452,732	400,000	452,285		(7,945)			5.000	2.631	JJ	10,000	20,000	05/12/2017	01/01/2025
64972C-U5-0	CORP MULTIFAMI			2	1FE	500,000	99.4340	497 , 170	500,000	500,000					2.000	2.001	MN	1,667	8,417	12/06/2017	11/01/2057
64972C-VV-2 64987D-BA-1	CORP MULTIFAMI			2	1FE	488,160 1,000,000	98.9950 99.2650	494,975 992,650	500,000 1,000,000	495,256 1,000,000		3,490			1.450 1.650	2.180 1.650	MN	1,208 2,750	7,250 15,583	12/07/2016 11/17/2017	05/01/2050 05/01/2021
649907 - XZ - 0	NEW YORK STATE DORMITORY AUTHORITY			1	1FE	447 , 504	106 . 6450	453,241	425,000	446,465		(1,038)			4 . 192	3.457	JD	1,485	8,908	07/18/2018	12/01/2026
64990C-4K-4	NON ST SUPPOR				1FE	868,943	112.9070	846,803	750,000	847 , 745		(20,522)			5.000	1.960	JJ	18,750	19,896	12/13/2017	07/01/2023
64990F -FT -6	. INCOME TAX				1FE	928 , 140	118 . 4290	888,218	750,000	905,270		(20, 202)			5.000	1.880	FA	14 , 167	31,458	11/09/2017	02/15/2026
650035-4S-4 ₋	NEW YORK ST URBAN DEV CORP			1	1FE	392,773	98 .8790	395,516	400,000	393,492		718			2.100	2.633	MS	2,473	4,200	08/16/2018	03/15/2022
650035-V6-2	NEW YORK ST URBAN DEV CORP REVNORTH CAROLINA MED CARE COMMN				1FE	137 , 569	103.7770	124,532	120,000	125,378		(4,417)			5.000	1.230	MS	1,767	6,000	03/15/2016	03/15/2020
65820Y -NL -6	RETIREMENT				2FE	305,396	106 . 9450	294,099	275,000	297 , 082		(7,761)			5.000	1.982	A0	3,438	11,267	11/17/2017	10/01/2021
65820Y-NM-4	NORTH CAROLINA MED CARE COMMN RETIREMENTNORTH TEX MUN WTR DIST UPPER				2FE	395,766	108.9620	381,367	350,000	385,970		(9,145)			5.000	2.131	A0	4,375	14,340	11/17/2017	10/01/2022
662842-NG-4 66285W-JE-7	EAST FORK W			2	1FE	456,396 1,122,040	110 . 2250 107 . 9530	440,900 1,079,530	400,000 1,000,000	443,887 1,087,184		(12,374) (31,800)			5.000 5.000	1.681 1.640	JD MS	1,667 16,667	18,500 50,000	12/08/2017 11/22/2017	06/01/2022 09/01/2024
69650M-AN-9	PALM BEACH CNTY FLA HEALTH FACS AUTH RETPALM BEACH CNTY FLA PUB IMPT				1FE	1,053,540	102.9660	1,029,660	1,000,000	1,035,589		(17,951)			4.000	2.050	MN	5,111	40,000	01/10/2018	11/15/2020
696543-RH-2				2	1FE	1,183,680	117 .5410	1,175,410	1,000,000	1,149,889		(18,233)			5.000	2.730	MN	8,333	50,000	02/13/2017	05/01/2028
708796-50-7	SINGLE FAMILY M				1FE	500,000	98.4650	492,325	500,000	500,000					1.900	1.900	A0	2,375	9,500	05/11/2017	04/01/2021
70917S-R4-7	FACS AUTH REVPENNSYLVANIA ST TPK COMMN TPK			2	1FE	598,710	118.8760	594,380	500,000	589 , 156		(9,089)			5.000	2.671	FA	9,444	16,806	11/29/2017	08/15/2028
709224-XB-0	REV				1FE	1,189,060	116.3750	1,163,750	1,000,000	1 , 164 , 660		(17,137)			5.000	2.791	JD	4 , 167	50,000	07/14/2017	06/01/2027



												PARII	W								
1	1 2 Codes 6					7	Fair	Fair Value		11		ember 31 of Current ` nange in Book / Adjust					Interest			Da	ites
	_	3	4	5		•	8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	F o r e i g n	Bond CHAR	NAIC Designation and Admin- istrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change In B./A.C.V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due & Accrued	Amount Rec. During Year	Acquired	Stated Contractual Maturity Date
713040-GY-3	PEORIA CNTY ILL SCH DIST NO 150 PEORIA				1FE	369,592	102.9870	355,305	345.000	358.877		(6,740)			4.000	1.940	JJ	6.900	15 , 180	04/27/2017	01/01/2021
717817-TY-6.					1FE	595,065	116 . 4390	582,195	500,000	584,630		(10,103)			5.000	2.510	JJ	12,500	13,160	12/15/2017	07/01/2026
717893-E3-1	PHILADELPHIA PA WTR &				1FE	490.580	117 . 1880	468.752	400.000	476.242		(10.317)			5.000	2.001	MN	3,333	20.000	07/26/2017	11/01/2025
749845-UK-7	RACINE CNTY WIS			2	1FE	635,135	98.4170	639,711	650,000	638,865		3,731		İ	2.150	3.078	JD		13,237	04/30/2018	12/01/2020
759911-3H-1.					1FE	300,000	100.0910	300,273	300,000	300,000					3.013	3.013		1,507	3,791	05/09/2018	05/29/2020
76221T-JF-7.	RHODE IS HSG & MTG FIN CORP REV.			2	1FE	1,000,000	100.0370	1,000,370	1,000,000	1,000,000					1.850	1.851	AO	4 ,625	14,389	11/30/2017	04/01/2056
İ	RHODE ISLAND ST STUDENT LN					, , ,		· · ·	, , , , , , , , , , , , , , , , , , ,	, ,								, ,	,		
762315-QD-4.	AUTH STUDENTROCKPORT IND POLLUTION CTL				1FE	500,022	107 .7060	484 , 677	450,000	485,925		(8,561)			5.000	2.831	JD	1,875	22,500	04/06/2017	12/01/2022
773835-BN-2.	REV				1FE	400,000	99.6630	398,652	400,000	400,000					2.050	2.050	JD	683		05/09/2017	04/01/2025
791638-F6-1.		ļ			1FE	459,952	116 . 4990	442,696	380,000	447,730		(8,153)		ļ	5.000	2.390	JJ	9,500	19 , 158	06/09/2017	07/01/2026
79467B-AH-8.	SALES TAX SECURITIZATION CORP				1FE	671.130	112.5710	675.426	600.000	670,755		(375)			5.000	3.310	JJ	15.000		12/11/2018	01/01/2027
	SAN ANTONIO TEX ELEC & GAS			_		,				, i		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									l i
796253-5Y-4	REV	ļ		2	1FE 1FE	504,295 900,000	100 . 2220 99 . 5330	501,110 895,797	500,000 900,000	501,361 900,000		(1,446)		ł	2.250	1.951 2.500	FA	4,688 3,750	11,250 18,938	12/07/2016 12/12/2017	02/01/2033 05/01/2024
037300-14-0.	SOUTH JERSEY PORT CORP N J				II L					900,000					2.300	2.000	!WIIN	7 نار ر	10,950	12/ 12/2017	00/01/2024
838530-PW-7.	REV	ļ			2FE	373,191	100.0000	350,000	350,000	350,000		(10,404)		ļ	5.000	1.983	JJ	8,750	17,500	09/23/2016	01/01/2019
880461-LU-0	TENNESSEE HSG DEV AGY RESIDENTIAL FIN PR				1FE	532,067	98.8160	533,606	540,000	535,311		3,243			1.745	2.631	JJ	4,712	4.799	04/13/2018	01/01/2020
882117-W9-1	TEXAS A & M UNIV PERM UNIV FD.				1FE	1,679,655	107 .4950	1,612,425	1,500,000	1,626,028		(49,056)			5.000	1.560	JJ	37,500	75,000	11/22/2017	07/01/2021
88271F-FF-5.	TEXAS ST AFFORDABLE HSG CORP	<u> </u>		2	1FE	1,000,000	99.7210	997 , 210	1,000,000	1,000,000					1.900	1.900	JD	1,583	18,683	12/01/2017	12/01/2020
	TULSA OKLA TULSA INDL AUTH				055		400 7050	540 505	500.000	540.000		(0.445)			F 000	0.010		0.050	40.050	10/15/0017	40.404.40000
899676-MT-4.	REVUNIVERSITY COLO HOSP AUTH REV			2	2FE 1FE	557 ,820 1 ,125 ,910	108.7050 107.2660	543,525 1.072,660	500,000 1,000,000	548,302 1.075.283		(9,415) (27,192)			5.000 5.000	2.812 2.082	AO MN	6,250 6,389	18,958 50,000	12/15/2017 02/01/2017	10/01/2023 11/15/2038
91514A -HD -0.	UNIVERSITY TEX UNIV REVS				1FE	1,142,750	110.6650	1,106,650	1,000,000	1,111,299		(29,471)			5.000	1.811	FA	18,889	34,444	11/29/2017	08/15/2022
92707U-AW-6.	VILLAGE CMNTY DEV DIST NO 6 FLA SPL ASSM	<u> </u>			1FE	420,599	104.7190	408,404	390,000	412,554		(4,861)			4.000	2.580	MN	2,600	15,799	04/13/2017	05/01/2023
007700 00 0	VIRGINIA COMWLTH TRANSN BRD	İ			1FF	000 000	400 0000	050 040	000 000	000 070		(47. 774)			5 000	4 044	l	0.000	07 500	40/04/0047	05/45/0000
927793-C8-0.	TRANSN REV				1FE	680,928	109.9860	659,916	600,000	662,279		(17,771)			5.000	1.811	MN	3,833	27 , 583	12/01/2017	05/15/2022
976904-L7-5.	AUTH HSG RE	ļ		2	1FE	1,000,000	99.9340	999,340	1,000,000	1,000,000					1.950	1.950	MN	3,250	16,792	11/29/2017	11/01/2047
977092-VT-9.	.WISCONSIN ST CLEAN WTR REV WISCONSIN ST TRANSN REV			2	1FE 1FE	580,620 608,700	112.5590 120.6740	562,795 603,370	500,000 500,000	565,335		(14,057) (10,246)			5.000 5.000	1.900 2.430		2,083 12,500	25,000 13,194	11/28/2017 11/28/2017	06/01/2023 07/01/2028
977123-03-0.	WISCONSIN ST HEALTH & EDL			∠			120.0740		,000,000			(10,240)			000 د	2.400		12,500	13, 134	11/20/2017	01/01/2020
97712D-C7-9.					1FE	818,104	114.3230	800,261	700,000	800,685		(16,617)			5.000	2.261	FA	13,222	23,431	11/30/2017	08/15/2024
2599999 -	Bonds - U.S. Special Revenue an and all Non-Guaranteed Obliga																				
	Authorities of Governments an																				
D 1 11 0	Issuer Obligations		1 01			75,630,366	XXX	74,111,438	69,945,000	74,303,988	0	(893,850)	0	0	XXX	XXX	XXX	691,374	2,177,409	XXX	XXX
Bonds - U.S Bonds - U.S	 Special Revenue and Special As Special Revenue and Special As 			bligations bligations								visions - Residential									
31381P-XA-1	FN 466973 - CMBS/RMBS	33533111		44	1 1	1,496,097	L101.3004	1,496,149	1,476,943	1,495,125	II FUITETCAT SUBUI	(972)	wortgage-backed 36	L	3.850	3.047	MON	4,896	4,747	11/20/2018	01/01/2021
3138NJ - AA - 6.		ļ		4	1	1,494,253	100.6397	1,492,039	1,482,555	1,493,473		(780)		ļ	3.612	2.969		4,611	4,472	11/20/2018	09/01/2020
	FN FN0009 - CMBS/RMBS FN AE0918 - CMBS/RMBS	ļ		4 4	11	1,118,422 1,495,200	100 .5611	1,118,233 1,492,792	1,111,993 1,482,346	1,120,027		1,605			3.414	2.866 2.930		3,269 4,672	6,670 4,531	11/20/2018	10/01/2020 10/01/2020
	Bonds - U.S. Special Revenue an					1, 100,200			1, 102,040			(472)						, , , , , , ,		172072010	370172020
	and all Non-Guaranteed Obliga																				
	Authorities of Governments an Commercial Mortgage-Backed Se			iiticai SUL	outvisions -	5,603,972	XXX	5,599,213	5,553,836	5,603,353	0	(619)	0	0	XXX	XXX	XXX	17,449	20,420	XXX	XXX
Bonds - U.S	. Special Revenue and Special As			bligations	and all Non						ir Political Subdi	(/	Backed and Structu	ured Securities				,	-,		



Showing All Long-Term **BONDS** Owned December 31 of Current Year

Showing All Long-Term BONDS Owned December 31 of Current Year 1 2 Codes 6 7 Fair Value 10 11 Change in Book / Adjusted Carrying Value Interest Dates																					
1	2 <u>Codes</u> 6 7							Value	10	11	Change in Book / Adjusted Carrying Value						Dates				
		3 4	4	5	ļ		8	9			12	13	14	15	16	17	18	19	20	21	22
			F O r		NAIC Designation		Rate Used			Book/	Unrealized		Current Year's Other Than	Total Foreign Exchange				Admitted	Amount		Stated
			i		and Admin-		to Obtain			Adjusted	Valuation	Current Year's	Temporary	Change		Effective		Amount	Rec.		Contractual
CUSIP		9		3ond	istrative	Actual	Fair	Fair	Par	Carrying	Increase/	(Amortization)/	Impairment	In	Rate	Rate	When	Due &	During		Maturity
Identification		Code r	n C	HAR	Symbol	Cost	Value	Value	Value	Value	(Decrease)	Accretion	Recognized	B./A.C.V.	of	of	Paid	Accrued	Year	Acquired	Date
000404 DV C	EL PASO CNTY COLO SCH DIST NO 49 FALCON				1FE	679.604	113.8000	054 050	575.000	050 440		(40, 500)			5.000	0.404	ID.	4 070	00.750	00/00/0047	12/15/2024
283484-DY-6. 914331-LA-9.					1FE	1, 179, 130	107.4650	654,350 1,074,650	1.000.000	1,096,135		(12,563) (21,404)			5.000	2.431 2.571	JD MS	1,278 14,722	28 ,750 50 ,000	02/08/2017 12/12/2014	03/15/2023
	Bonds - U.S. Special Revenue an	d Specia	I Asse	esment (1, 170, 100	107 .4000	1,074,000	1,000,000	1,000,100		(21,707)				2.071				12/ 12/2017	907 1072020
2000000	and all Non-Guaranteed Obliga																				
	Authorities of Governments an Other Loan-Backed and Structu	nd Their Tred Secu	Poľitio Irities	ical Subo	divisions -	1,858,734	XXX	1,729,000	1,575,000	1,752,547	0	(33,967)	0	0	XXX	XXX	XXX	16,000	78,750	XXX	XXX
3199999 -	Bonds - U.S. Special Revenue an	id Specia	II Asse	essment (Obligations																
	and all Non-Guaranteed Obliga Authorities of Governments an																				
	Subtotals - U.S. Special Reve																				
	Obligations and all Non-Guara	inteed Ob	ıl'igat i	ions of A																	
	Governments and Their Politic					83,093,073	XXX	81,439,651	77,073,836	81,659,888	0	(928, 437)	0	0	XXX	XXX	XXX	724,823	2,276,579	XXX	XXX
	ustrial and Miscellaneous (Unaff	riliated)	- Iss	suer Obl		4 000 000	400 101:	4 004 07:	4 000 000	1 011 000		//0 0001	ı	1	1 150	0.000	1 100	E 000	11 500	00/00/00/7	05/45/0004
00206R-AX-0.				1	2FE	1,066,080	102 . 1941	1,021,941	1,000,000	1,041,360		(16,699)			4.450	2.638	MN	5,686	44,500	06/29/2017	05/15/2021
00206R-CL-4. 00774M-AD-7.	AT&T INCAT&T INCAERCAP IRELAND CAPITAL DAC	····		1,2 .1,2	2FE 2FE	1,477,935	98 .7153 94 .8750	1,480,730 782,719	1,500,000 825,000	1,479,960		2,025 1,138			2.450 3.300	3.374 3.857	JD JJ	102 11,949	18,375	11/05/2018 09/25/2018	06/30/2020 01/23/2023
00912X-AX-2				1,2	2FE	643,799	94.5950	614,868	650.000	645,083		1.150			2.750	2.950	JJ	8,242	11,668	11/13/2017	01/15/2023
00912X -BF -0.	AIR LEASE CORP.			1,2	2FE	700,898	95.1140	675,309	710,000	701,115		217			4.625	4.787	A0	9,486		09/10/2018	10/01/2028
02209S-AJ-2	ALTRIA GROUP INC				2FE	1,830,807	103.5668	1,775,135	1,714,000	1,779,137		(51,670)			9.250	2.790	FA	63,858	79,273	07/23/2018	08/06/2019
023135-AL-0	AMAZON.COM INC			1,2	1FE	1,495,245	99 .7368	1,496,052	1,500,000	1,496,176		931			2.600	2.881	JD	2,817	19,500	10/10/2018	12/05/2019
000074 DC 0	AMERICAN INTERNATIONAL GROUP			4.0	٥٣٣	040, 000	00 4700	705 700	000 000	810.396		(4.700)			2 200	0.054	мо	0.000	00 400	00/04/0047	00/04/0004
026874-DG-9 03027X-AL-4	AMERICAN TOWER CORP			1,2	2FE 2FE	819,200 979,460	99 .4733 95 .8162	795,786 958.162	800,000 1.000,000	984.950		(4,796) 4,689			3.300 2.250	2.654 2.770	MS JJ	8,800 10.375	26,400 22,500	02/21/2017 10/26/2017	03/01/2021 01/15/2022
031162-BB-5.				1	2FE	1,016,190	101.5380	1,015,380	1,000,000	1.014.885		(1,305)			4.500	3.226	MS	13,250	22,000	11/20/2018	03/15/2020
036752-AE-3.				1	2FE	1,197,864	98.4689	1,181,627	1,200,000	1,198,638					2.500	2.562	MN	3,333	30,000	11/14/2017	11/21/2020
037411-AZ-8				.1,2	2FE	793,876	97 . 8965	769,466	786,000	791,953		(1,825)			3.250	2.988	A0	5,393	25,545	12/08/2017	04/15/2022
037833-CB-4.				1	1FE	2,960,520	99.0783	2,972,349	3,000,000	2,977,109		16,589			1 . 100	2.418	FA	13,475	16,500	07/24/2018	08/02/2019
04010L - AP - 8. 04010L - AR - 4				1,2 1.2	2FE 2FE	509,645	100 . 2413	501,207 973,333	500,000 1,000,000	503,359		(3,402)			3.875 3.625	3.157 3.410	JJ	8,934 16,313	19,375	02/13/2017 12/08/2017	01/15/2020 01/19/2022
055650-CX-4			<u></u>	. 1,2	1FE	1,979,780	91 .3333	1,981,130	2,000,000	1,000,023					2.315	3.410	FA	17 . 748	30,230	11/05/2018	02/13/2020
	BP CAPITAL MARKETS PLC		C	1	1FE	623,297	98.9850	623,606	630,000	625,621		2,324			1.768	2.761	MS	3,156	.5,569	08/13/2018	09/19/2019
05578A-AA-6			C		1FE	272,649	95.6086	262,924	275,000	273,080		431			2.750	2.935	JJ	3,571	3,781	01/08/2018	01/11/2023
05578D-AN-2.			C		1 <u>FE</u>	1,344,816	99.6949	1,345,881	1,350,000	1,347,635		2,819			2.500	2.830	JJ	15,563	16,875	05/07/2018	07/15/2019
06051G-FN-4 06051G-GU-7					1FE	1,971,800 1,401,980	98 .8021 99 .2528	1,976,042	2,000,000 1,400,000	1,974,698 1,401,211		2,898			2.250	3.249	AO JAJO	8,750 10,898	37.372	11/05/2018	04/21/2020
06367T-HQ-6				2	1FE1FE	2,469,500	99.2020	1,389,539 2,482,905	2,500,000	2.483.201		(692) 13,701			3.046	3.038 2.749	JAJU	16.979	31,312	11/17/2017 07/17/2018	10/01/2021 07/18/2019
06739G-AR-0			С		1FE	766,740	101.7044	762,783	750,000	764,580		(2,160)			1.500 5.125	3.171	JJ	18,471		11/02/2018	01/08/2020
07274N-AC-7	BAYER US FINANCE II LLC		C	.1,2	2FE	1,030,000	98.6234	1,015,821	1,030,000	1,030,000					3.452	3.502	MJSD	691	15,794	06/18/2018	06/25/2021
			C	1	2FE	702,261	97 . 1459	680,021	700,000	701,350		(506)			2.750	2.671	JJ	8,876	19,950	02/23/2017	07/15/2021
075887-AW-9. 10112R-AS-3				1	2FE	722,624	99.5690	696,983	700,000	711,574 1,031,734		(6,015)			3.250 4.125	2.337 2.578	MN	3,097	22,750	02/17/2017	11/12/2020
10112R-AS-3 118230-AH-4				1,2	2FE2FE	1,055,744	101 .0763	1,010,763 503.922	1,000,000 500,000	1,031,734		(14,370)			5.500	2.578	FA	5,271 10.389	41,250 27,500	11/17/2017 11/14/2017	05/15/2021 08/15/2019
126117 - AR - 1	CNA FINANCIAL CORP			1	2FE	898,216	100.7643	843.481	800,000	859,300		(21,505)			5.750	2.798	FA	17,378	46.000	02/27/2017	08/15/2019
126650-CT-5	CVS HEALTH CORP			1,2	2FE	590,532	96 . 4348	578,609	600,000	594,497		2, 184			2.125	2.519	JD	1,063	12,750	02/28/2017	06/01/2021
126650 - DA - 5.	CVS HEALTH CORP			1	2FE	1,495,590	99 . 8647	1 , 497 , 971	1,500,000	1,496,099		509			3.125	3.349	MS	14,583		11/05/2018	03/09/2020
126070 40 0	CANADIAN IMPERIAL BANK OF				455	4 000 075	00 0005	4 000 004	1 050 000	1 240 240		0.070			4 000	0.704	MO	0.000	40.000	06/04/0046	00/06/2040
13607R-AB-6. 13645R-AP-9.	COMMERCECANADIAN PACIFIC RAILWAY CO			1	1FE 2FE	1,232,275 757,078	99 .0635 103 .1114	1,238,294 721,780	1,250,000 700,000	1,240,348 736,472		8,073 (11,370)		 	1.600 4.500	2.761 2.702	MS	6,389 14,525	10,000 31,500	06/04/2018 02/24/2017	09/06/2019 01/15/2022
14040H-BP-9				2	2FE2FE	1,479,135	98.6481	1,479,722	1,500,000	1.481.197		2.062			2.500	3.451	JJ	5,104		11/05/2018	05/12/2020
14042R-FH-9	CAPITAL ONE NA			2	2FE	601,062	98.6859	592,115	600,000	600,381		(368)			2.350	2.286	JJ	5,914	14,100	02/10/2017	01/31/2020
14149Y - AV - 0.				1	2FE	789,080	97 . 7242	781,794	800,000	790,082		1,002			3.200	3.585	JD	1,138	12,800	08/17/2018	06/15/2022
14149Y - AZ - 1.				1	2FE	803,696	99.2944	794,355	800,000	801,234		(1,391)			2.400	2.220	MN	2,453	19,200	03/13/2017	11/15/2019
14912L -6E -6.	CATERPILLAR FINANCIAL SERVICES CORP				1FE	308.209	99.0840	302,206	305.000	306.932		(701)			2.750	0 500	FA	3.052	8.388	00/00/0047	08/20/2021
14912L-6E-6. 15089Q-AC-8.		····		1	1FE 2FE	1,254,084	99.0840	1.258.715	1,200,000	1.252.469		(701)			5.875	2.500 3.986	FA JD	3,052		02/23/2017 11/29/2018	08/20/2021 06/15/2021
151020 - AE - 4				1	2FE	1.011.890	100.8191	1,008,191	1.000.000	1,011,237		(653)			3.950	3.296	AO	8,339		11/29/2018	10/15/2020
	CELGENE CORP			1	2FE	414,809	98.7377	409,761	415,000	414,862		53			2.875	2.891	FA	4,375	5,932	02/08/2018	02/19/2021

494550-BB-

501044-DH-1. KROGER CO



SCHEDULE D - PART 1 Showing All Long-Term BONDS Owned December 31 of Current Year Fair Value Change in Book / Adjusted Carrying Value 2 Codes Interes 15 16 17 18 19 20 21 22 Current Total Year's NAIC Other Foreign Rate Used Book/ Unrealized Designation Than Exchange Admitted Amount Stated Change Effective and Adminto Obtain Adjusted Valuation Current Year's Temporary Amount Rec. Contractual CUSIP Rond istrative Actual Fair Fair Par (Amortization)/ Rate Rate When Due & Maturity Carrying Increase Impairment In During dentification CHAR Value Value Value B./A.C.V. of Paid Description Symbol Cost Value (Decrease) Accretion Recognized Accrued Year Acquired Date 172967-JJ-1. CITIGROUP INC .99.0814 .693.570 2.400 ..FA.. .02/10/2017 02/18/2020 (938) 2.497 ..MS. I72967-KK-6 CITIGROUP INC 2FE 503.240 98.3440 491.720 500.000 502.199 2.700 3.413 13.500 11/17/2017 ..03/30/2021 17401Q-AG-6 | CITIZENS BANK NA 2FE 754.283 98.8464 746.290 755.000 754.716 238 2.250 2.283 MS 5.615 16.988 02/27/2017 03/02/2020 17401Q-AN-1. Citizens Bk PA. 2,859 .2FE.. 745.223 .97.9511 734.633 750.000 .746.951 1.622 2.250 2.479 ..AO.. 16.828 .12/06/2017. ...10/30/2020. 198280-AD-1. COLUMBIA PIPELINE GROUP INC. 1.2 2FE. .715,064 .99.7658 698,361 700,000 .706,452 (4.697 3.300 2.592 JD. 1,925 23,100 .02/17/2017 ..06/01/2020. 200339-DW-6 COMERICA BANK 1FE 990.420 98.8799 988.799 1.000.000 .991,091 671 2.500 3.148 JD 2.014 12,500 .11/20/2018. ..06/02/2020. CREDIT SUISSE AG (NEW YORK .1,745,174 22546Q-AN-7 .1,744,313 .99.7242 1,750,000 ..1,747,753 3,440 2.300 2.620 .MN. .3,690 40,250 .05/15/2018. ..05/28/2019. BRANCH) DAIMLER FINANCE NORTH AMERICA 233851-CF-9...LLC. 1FE. .99.0770 471.607 .473.120 1.500 2.701 JJ. 469.412 .476.000 .3.708 .3.491 .3.570 .04/30/2018. .07/05/2019. 25466A-AF-8 DISCOVER BANK FA 2FE 816.904 98.9085 791.268 800.000 811.714 (4,424) 3.200 2.597 10.098 25,600 ..10/25/2017. ..08/09/2021 3.767 26078J-AA-8 | DOWDUPONT INC 2FE 330.000 100.9803 333.235 330.000 330.000 3.766 MN 1.139 11/14/2018 11/15/2020 264411-AD-1. DUKE REALTY LP. 1,2.. .2FE. 1.042.020 100.9296 .009.296 1.000.000 1.022.125 (10.884) 3.875 2.707 ..FA.. 14.639 38.750 .02/21/2017. .02/15/2021 ..MS.. 26441C-AR-6. DUKE ENERGY CORP ..2FE.. .679.497 .95.7277 670,094 .700,000 .687,581 4.457 1.800 2.493 4,200 12,600 .02/28/2017 ..09/01/2021 278642-AH-6. EBAY INC. 2FE. 1,492,652 .FA. ...08/01/2019. 1,2.. 1.491.675 99.5101 1.500.000 1.495.112 3.437 .2.200 2.767 13,750 16.500 .07/27/2018. 29273R-AX-7. ENERGY TRANSFER PARTNERS LP. ..2FE... .1.555.755 .100.5638 1.508.457 1.500.000 ..1.533.434 .4.150 .2.701 ..A0.. ..12/18/2017. ...10/01/2020. .1.2.. .(20,407) .15.563 .62.250 ENTERPRISE PRODUCTS OPERATING 704.074 2.850 2.577 Α0 29379V-BK-8 | LLC 707.301 98.8535 691.975 700.000 (1.772)4.212 19.950 02/22/2017 04/15/2021 ..2FE.. 750.960 .97.8308 733.731 750.000 750.743 ..MS.. 03/15/2022 30040W-AC-2. EVERSOURCE ENERGY 2.750 .2.717 6,073 20.625 .12/12/2017. .1,2.. (209) 30161M-AR-4 EXELON GENERATION COMPANY LL 2.897 .MS. .1,2.. _2FE_ .1,019,560 .98.4135 984,135 ..1,000,000 ..1,014,908 (4.484) .3.400 10,011 34,000 .12/14/2017... ...03/15/2022 FIDELITY NATIONAL INFORMATION 1620M-AP-1 SERVICES I 1,240,356 .100.3136 ,203,763 1,200,000 .1,224,604 (14.000 3.625 2.389 .AO. .9.183 43,500 ..11/14/2017. .10/15/2020. 16773-CT-5 FIFTH THIRD BANCORE .2FE.. .993,280 99.4056 994.056 1,000,000 .993,711 431 2.875 .3.288 JJ.. 12,299 .11/20/2018. ..07/27/2020. .1,2. 2FE. .10/01/2023. 337738-AQ-1 FISERV INC 269,876 99.9040 269,741 270.000 .269,883 3.800 3.810 .AO.. .2,736 .09/20/2018. 345397-VR-1. FORD MOTOR CREDIT CO LLC .2FE.. .883.536 .101.8275 .814.620 .800.000 ..845..181 .(20,728 .5.750 2.936 ..FA.. 19.167 46.000 .02/13/2017. ..02/01/2021 647,079 .FA.. 614,241 2.713 14,590 345397-VU-4.|FORD MOTOR CREDIT CO LLC. .2FE. .670,170 .102.3735 .600,000 .(17,333 .5.875 35,250 .08/24/2017. ..08/02/2021 361448-AL-7 | GATX CORP 2FF 1.073.720 103.0350 .030.350 1.000,000 1.051.847 (20.532 4.850 2.620 JD 4.042 48.500 12/06/2017 06/01/2021 GENERAL MOTORS FINANCIAL 37045X-BM-7 15,556 COMPANY INC .1,2.. 2FE ..1,021,770 .97.6589 976,589 ..1,000,000 ..1,014,880 .(5,853 3.200 ..2.565 JJ. 32,000 .10/23/2017. ..07/06/2021. GENERAL MOTORS FINANCIAL 37045X-CB-O. COMPANY INC. 498.985 .96.9329 484 665 500 000 .499.365 333 2 450 2.521 MN. .1.872 12 216 .11/08/2017 11/06/2020 38141G-GQ-1. GOLDMAN SACHS GROUP INC .1FE.. 1,091,480 .103.6778 1,036,778 1,000,000 1,064,785 (24,058) 5.250 2.627 .JJ.. 22,458 52.500 .11/17/2017 ..07/27/2021 38141G-VP-6. GOLDMAN SACHS GROUP INC. .1FE.. .503,790 .501,826 ..MS.. .98.9545 .494,773 .500,000 . (1,089) .2.750 .2.519 ..4,049 13,750 .03/01/2017. ..09/15/2020. GOVERNMENT PROPERTIES INCOME 38376A-AB-9... TRUST. 992,390 .98.3143 983,143 1,000,000 .993,127 737 4.000 4.211 18,444 .08/03/2018. .07/15/2022 40414L-AH-2 HCP INC 1.2 2FE 703.311 99.4361 696,053 700.000 701.076 (1.246)2.625 2.440 FA 7.656 18.375 03/01/2017 02/01/2020 404280-BS-7. HSBC HOLDINGS PLO .1FE.. .99.0000 200.970 .203.000 .203.000 .3.951 ..MN.. 4.009 ..05/18/2024. ..2.5.. .203.000 .3.950 .958 .05/10/2018... 406216-AZ-4. HALLIBURTON CO. ..1,2.. 2FE .823.576 .99.7680 .798,144 800.000 .814,202 .(5,171 .3.250 ..2.546 ..MN. .3,322 .26,000 .02/24/2017... ...11/15/2021. HARLEY-DAVIDSON FINANCIAL 1FE... 41283L-AN-5. SERVICES INC. .799,776 .98.1435 .785.148 .800.000 .799,919 54 .2.400 .2.407 .JD.. .853 19,200 .03/07/2017... ..06/15/2020. HARTFORD FINANCIAL SERVICES 416515-AZ-7 GROUP INC. 2FE 208.880 102.2387 195.276 191.000 198,348 (5,762).5.500 .2.340 ..MS.. .2,655 10,505 02/23/2017 03/30/2020 HARTFORD FINANCIAL SERVICES ,563,963 .1,610,579 .5.125 A() 416518-AB-4. GROUP INC. ,644,030 .104.2642 1,500,000 (31,730)2.762 16,229 76,875 .12/08/2017. ..04/15/2022. 04/01/2019 42217K-AY-2. WELLTOWER INC .1,2.. ..2FE.. .725,935 100.0493 700.345 700.000 700.000 (14.401 .4.125 .2.032 A0 .7,219 28,875 03/06/2017 .1FE. 427866-AZ-1... HERSHEY CO... .1.2. .100.4978 1.004.978 1.000,000 .3.375 ..MN.. 17.344 ..05/15/2023 .999.580 .999.634 .3.384 4.313 .05/03/2018... 428236-BF-9. HP INC 2FE 932.544 100.6955 906.260 900.000 916.923 (8.496 3.750 2.735 JD 2.813 33.750 02/15/2017 12/01/2020 42824C-AG-4 HEWLETT PACKARD ENTERPRISE CO 2FE 802.579 800,000 1.2 814.792 100.3224 809.725 (5.067)3.600 2.864 Α0 6.080 28.800 01/25/2018 10/15/2020 446150-AK-O. HUNTINGTON BANCSHARES INC. .2FE. 780.728 .96.5139 .772.111 800 000 .787 .707 3.826 2.300 2 832 .JJ.. 8.536 18,400 .02/23/2017. ..01/14/2022 ..MN.. 44932H-AK-9 IBM CREDIT LLC .1FE.. 1,500,045 .100.5680 .508.520 1.500.000 1,500,045 3.450 3.448 4.456 .12/06/2018. ...11/30/2020. 45866F-AC-8 INTERCONTINENTAL EXCHANGE .1,2.. 1FE. .1,485,750 1,500,000 ..1,486,176 .426 2.750 .3.250 ...12/01/2020. .99.3421 1,490,132 ..JD.. .3,438 ..12/06/2018.. INTERNATIONAL FLAVORS & 459506-AJ-0.. FRAGRANCES INC .209,933 .99.9466 209,888 210,000 .209,942 3.400 3.417 MS. .1,884 .09/24/2018. ..09/25/2020 472319-AL-6 JEFFERIES GROUP INC 2FE 1.033.960 102.2767 1.022.767 1.000,000 1.032.134 (1.826)5.125 4.253 JJ 22,920 09/26/2018 01/20/2023 49446R-AL-3. KIMCO REALTY CORP 2FE .883.208 .99.0791 860.997 .869.000 .878.644 (4.252).3.200 2.670 ..MN. ..4.635 .27.808 .12/01/2017... ...05/01/2021 KINDER MORGAN ENERGY PARTNERS

1.072.490

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Showing All Long-Term **BONDS** Owned December 31 of Current Year

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CUSIP		3 4 F O r e i g	5 Bond	NAIC Designation and Admin- istrative	Actual	8 Rate Used to Obtain Fair	9 Fair	Par	Book/ Adjusted Carrying	12 Unrealized Valuation Increase/	13 Current Year's (Amortization)/	14 Current Year's Other Than Temporary Impairment	Total Foreign Exchange Change In	16 Rate	17 Effective Rate	18 When	Admitted Amount Due &	20 Amount Rec. During	21	22 Stated Contractual Maturity
Identification	Description	Code n	CHAR	Symbol	Cost	Value	Value	Value	Value	(Decrease)	Accretion	Recognized	B./A.C.V.	of	of	Paid	Accrued	Year	Acquired	Date
	LEGG MASON INC		1	2FE	709,884	99.7262	698,083	700,000	702,291		(4, 193)			2.700	2.085	JJ	8,715	18,900	02/28/2017	07/15/2019
	LOCKHEED MARTIN CORP	ļ	11	2FE	422,423	100.3958	411,623	410,000	417,530		(2,655)			3.350	2.641	MS	4,044	13,735	02/15/2017	09/15/2021
	MARATHON PETROLEUM CORP	ļ	1,2	2FE	819,624	100.0905	800,724	800,000	810,112		(5, 197)			3.400	2.703	JD	1,209	27 , 200	02/21/2017	12/15/2020
	MARRIOTT INTERNATIONAL INC	ļ	9	2FE	710,000	99.9700	709,787	710,000	710,000					3.229	3.280	MJSD	2,929		11/13/2018	12/01/2020
	MCKESSON CORP	.	ļ <u>1</u>	2FE	919,577	100.4560	924,195	920,000	919,595		18			3.650	3.674	MN	2,892		11/28/2018	11/30/2020
	MICROSOFT CORP.	ļ	11	1FE	1,973,240	99.0287	1,980,574	2,000,000	1,984,312		11,072			1.100	2.419	FA	8,739	11,000	07/24/2018	08/08/2019
	MONDELEZ INTERNATIONAL INC MORGAN STANLEY	·	1,2	2FE	997,420	99.8924	998,924	1,000,000 800.000	997 ,731		311			3.625 2.625	3.682	NN	5,438	18,125	05/03/2018	05/07/2023
	MORGAN STANLEY	·		1FE 1FE	798,736 759.262	97 . 4053 101 . 4919	779,242 710.443	700,000	799,077		306				2.667	MN MS	2,567 10,719	21,000	11/17/2017 02/10/2017	11/17/2021 09/23/2019
61945C-AA-1		 	1.2	2FE	649,867	100.5249	635.317	632.000	644.756		(4,608)			3.750	2.260 2.945	MN	3.028	23,700	11/20/2017	11/15/2021
61945C-AF-0		····	1,2	2FE	993,210	96.3578	963,578	1.000.000	994.569		1,314			3.250	3.401	MN	4,153	32,681	12/18/2017	11/15/2022
	NEXTERA ENERGY CAPITAL HOLDINGS INC	†···-	,	2FE	704.704	99.2366	694.656	700.000	701.234		(1,962)			2.400		MS	4.947	16.800	03/15/2017	09/15/2019
	INISOURCE FINANCE CORP	t	1,2 1,2	2FE2FE	533,610	99.2300	509,351		520,352		(1,962)			4.450	2.112 2.854	JD	4,947	22,250	02/21/2017	12/01/2021
	NORDEA BANK AB	·····	, I , Z	1FE	458.001	101.7312	457 . 790	450.000	457,718		(283)			4.450	3.231	JJ	9,386	22,200	12/14/2018	01/27/2020
000070 70-2	OMEGA HEALTHCARE INVESTORS		1	†····-							(200)						, , , , , , , , , , , , , , , , , ,		12/ 14/2010	112112020
681936-BJ-8	INC		1,2	2FE	993,088	99.7500	997,500	1,000,000	993,430		.343			4.375	4.535	FA	18,229		10/05/2018	08/01/2023
	ONEOK INCOKEYUSUS.		1,2	2FE	1,011,280	100.5385	1,005,385	1,000,000	1,010,719		(561)			4.250	3.848	FA	17,708		10/29/2018	02/01/2022
	ONEOK PARTNERS LP	<u> </u>	1,2	2FE	354,848	100.0656	350,230	350,000	352,799		(2,048)			3.800	3.068	MS	3,916	13,300	02/26/2018	03/15/2020
693476-BJ-1	PNC FUNDING CORP			1FE	1,529,865	102 . 1036	1,531,554	1,500,000	1,528,393		(1,472)			5.125	3.358	FA	30,536		12/06/2018	02/08/2020
	PACKAGING CORP OF AMERICA	.	11	2FE	714,235	98.2028	702,150	715,000	714,497		249			2.450	2.487	JD	779	17 ,615	12/11/2017	12/15/2020
	PENSKE_TRUCK_LEASING_CO_LP		1,2	2FE	638,731	99 . 1325	619,578	625,000	634,310		(4,121)			3.300	2.588	AO	5,156	20,625	12/01/2017	04/01/2021
	PRUDENTIAL FINANCIAL INC	 	1	1FE	769,090	103 . 1055	721,739	700,000	730,971		(20,488)			5.375	2.296	JD	1,045	37,625	02/10/2017	06/21/2020
	QUEST DIAGNOSTICS INC.		1,2	2FE	803,232	99.1761	793,409	800,000	801,279		(1,071)			2.500	2.360	MS	5,056	20,000	02/22/2017	03/30/2020
	REALTY INCOME CORP		1,2	1FE 2FE	1,139,858	98.8345	1,106,946	1,120,000	1, 135, 487		(4,085)			3.250 3.200	2.837 2.437	A0	7,684 L 6.356	36,400	11/29/2017	10/15/2022
	REGIONS FINANCIAL CORP WESTROCK RKT CO.	·	<u>Z</u>	2FE2FE	512,005 815,048	99.3106 102.6988	770,241	750,000	507,480		(3,566)			4.900	2.715	FA		16,000	09/20/2017 12/06/2017	02/08/2021 03/01/2022
	ROYAL BANK OF CANADA	 		1FE	1,482,480	99.1155	1,486,733	1,500,000	1.489.802		(14,747)			1.500	2.715	JJ	9.500	30,730	07/27/2018	07/29/2019
	ISSM HEALTH CARE CORP	····	1,2	1FE	650,000	100 . 1465	650.952	650.000	650.000					3.688	3.688	JD	1.998	13.518	04/25/2018	06/01/2023
	SANTANDER UK PLC	C.	1 , 2	1FE	719,744	99.4456	720,981	725,000	722,306		2,562			2.350	2.900	MS	5,253	8.519	05/02/2018	09/10/2019
	SANTANDER UK PLC	C	1	1FE	458.749	99.9843	459.928	460,000	458.800		52			3.750	3.847	MN	2,204		11/07/2018	11/15/2021
	SCHLUMBERGER HOLDINGS CORP		1,2	2FE	715,491	99.0863	693,604	700,000	707,941		(4,064)			3.000	2.382	JD.	583	21,000	02/10/2017	12/21/2020
	SELECT INCOME REIT.		1,2	2FE.	599,544	99.4341	596,605	600,000	599,740		196			3.600	3.641	FA	9,000	10,800	03/27/2018	02/01/2020
	SEMPRA ENERGY		1,2	2FE	815,088	98.4779	787,823	800,000	807,610		(4,121)			2.850	2.304	MN	2,913	22,800	02/24/2017	11/15/2020
	SINOPEC GROUP OVERSEAS		,		,		, ,	, , , , , , , , , , , , , , , , , , , ,	,		, , ,						,			
	DEVELOPMENT 2016		J11	1FE	1,676,540	98.9190	1,681,623	1,700,000	1,683,957		7 ,417			1.750	3.051	MS	7,603	14,875	08/27/2018	09/29/2019
	SOUTHERN POWER CO	ļ	1,2	2FE	601,849	98.3277	589,966	600,000	600,801		(582)			2.375	2.273	JD	1,188	14,250	02/24/2017	06/01/2020
	SOUTHWEST AIRLINES CO	 	1,2	2FE	1, 199, 160	97.0545	1, 164, 654	1,200,000	1,199,340		159			2.750	2.765	MN	4,125	33,000	11/14/2017	11/16/2022
	STATE STREET CORP	 		1FE	1,480,470	99.1231	1,486,847	1,500,000	1,481,150		680			2.550	3.348	FA	14,131		12/06/2018	08/18/2020
883556-AX-0 887317-AN-5	THERMO FISHER SCIENTIFIC INC	····	ļ	2FE 2FE	853,541 625,596	101.7371 100.4781	813,897 602,869	800,000 600.000	829,492 616,279		(13,065)			4.500 4.000	2.733 3.058	MS JJ	12,000 11,067	36,000	02/16/2017 02/13/2017	03/01/2021
887317-AN-5 891140-BJ-6	TIME WARNER INC TORONTO-DOMINION BANK	 	ļ	1FE	493,550	99.0793	495,397	500,000			(5,039) 2,654	ļ	 	1.450	2.701	FA.	2,779	24,000 3.625	02/13/2017	01/15/2022 08/13/2019
	VENTAS REALTY LP	t	1,2	2FE	705,103	99.0793	693,554	700,000	702,453		(2,386)			2.700	2.701	AO	4,725	18,900	11/17/2017	04/01/2020
	VERIZON COMMUNICATIONS INC.		1.2	2FE	805.904	99.2347	793.878	800.000	803.586		(1,272)			3.000	2.825	MN	4,000	24,000	02/16/2017	11/01/2021
	VORNADO REALTY LP	t	1,2	2FE	1.221.177	103.5188	1,213,240	1,172,000	1,215,839		(5,338)			5.000	3.580	JJ	27,021	24,000	08/17/2018	01/15/2022
961214-BK-8	WESTPAC BANKING CORP.	С		1FE	2,551,300	101.6353	2,540,883	2,500,000	2,541,154		(10,146)		1	4.875	2.967	MN	14,219	60,938	10/10/2018	11/19/2019
	WESTPAC BANKING CORP.	Č		1FE	394,540	99.0734	396,294	400,000	397,109		2,569			1.600	2.761	FA	2,347	3,200	06/04/2018	08/19/2019
	WILLIAMS PARTNERS LP		11	2FE.	1,045,380	101.9627	1,019,627	1,000,000	1,026,750		(18,630)			5.250	2.966	MS	15,458	52,500	02/20/2018	03/15/2020
J4506X-AN-8	MITSUBISHI UFJ TRUST AND BANKING CORP.	l D		1FE	730,303	99.4430	730,906	735,000	732,101		1,797			2.450	2.960	A0	3,752	9,004	07/05/2018	10/16/2019
J7772G-AY-1	SUMITOMO MITSUI TRUST BANK LTD.	C		1FE	989,470	99.0900	990,900	1,000,000	992,587		3,117			2.050	3.003	AO	4,157	10,250	08/30/2018	10/18/2019
	COOPERATIEVE CENTRALE RAIFFEISEN BOERENL	l l		1FE	495 . 420	99.2480	496.240	500.000	496.215		795			2.250	3.100	DEC	906	11,250	10/22/2018	12/02/2019
	Bonds - Industrial and Miscella	aneons (Ilua	ffiliated\								1 00			2.200				11,200	1012212010	1210212013
0200000 - [Obligations	uncous (UIId	iiiiiaicu)	133UGI	125,412,085	XXX	123,454,842	123,768,000	124,749,588	0	(449,976)	0	0	XXX	XXX	ххх	1,096,152	2,597,985	XXX	XXX
Bonds - Indu	strial and Miscellaneous (Unaf	filiated) -	- Residenti	al Mortgage-Bad	cked Securitie	es						•	•	•						
		,																		



Showing All Long-Term BONDS Owned December 31 of Current Year Fair Value Change in Book / Adjusted Carrying Value 2 Codes Interest 15 16 17 18 19 20 21 22 Current Total Year's NAIC Other Foreign Rate Used Book/ Unrealized е Designation Than Exchange Admitted Amount Stated Change Effective and Adminto Obtain Adjusted Valuation Current Year's Temporary Amount Rec. Contractual CUSIP Rond istrative Actual Fair Fair Par (Amortization) In Rate Rate When Due & During Maturity Carrying Increase Impairment dentification CHAR Cost Value Value Value B./A.C.V of of Paid Description Symbol Value (Decrease) Accretion Recognized Accrued Year Acquired Date Bonds – Industrial and Miscellaneous (Unaffiliated) – Commercial Mortgage-Backed Securities Bonds - Industrial and Miscellaneous (Unaffiliated) - Other Loan-Backed and Structured Securities 02007Y-AC-8. ALLYA 175 A3 - ABS .99.0414 .355 2.079 02582J-HJ-2.|AMXCA 176 A - ABS 1FE. 1,498,887 .98.5891 .478.837 1.500.000 1,499,284 2.040 .MON. 1.360 30,600 .11/17/2017. ..05/15/2023 02587A-AJ-3. AMXCA 171 A - ABS 1FE. 1.946 .98.8042 64 1.930 .MON. .809,809 800,314 .810.000 .809.927 ..695 15,633 .02/13/2017. ..09/15/2022. I3065D-AD-9 AMCAR 163 A3 - ABS 1FE 404,606 99.5642 404.074 405.843 405.573 404 1.460 1.697 MON 379 6.395 02/28/2017 05/10/2021 03065F-AD-4. AMCAR 171 A3 - ABS 1FE. .99.4606 293.276 .294.866 1.878 199 .5.568 .294.856 ..294.865 1.870 .MON.. .02/13/2017. ..08/18/2021 05584P-AB-3. BMWLT 172 A2A - ABS 1FE. 160,480 .99.7260 160,054 160,494 .160,487 1.800 1.833 MON. ..88 3,072 .10/17/2017 ..02/20/2020 1FE. .220,330 12636W-AB-2 CNH 17A A2 - ABS 220,029 99.9191 220.152 .220,277 .252 1.640 1.974 ..MON.. 161 4.224 .12/18/2017 07/15/2020 136451-AB-7. CPART 181 A2A - ABS 1FE. .99.8780 169.550 169.757 2.700 2.701 .153 .3 . 157 169.756 169.756 .MON.. .04/18/2018. ..08/19/2020 13974L-AD-0. AFIN 154 A4 - ABS. 1FE. .595,274 .99.8611 594, 192 595,019 .595,057 (204)2.010 1.975 _MON_ 365 12,552 .12/06/2017 ..07/20/2020. 13975W-AD-5 AFIN 171 A4 - ABS 1FE. 859.829 99.0870 852.148 860,000 859.873 2.220 2.239 _MON_ 583 19.092 ..10/24/2017 ..03/21/2022 13976A-AD-2.|AFIN 163 A3 - ABS 1FE. 368.802 .99.8287 368.833 369.466 369.346 .222 1.540 1.774 .MON. .174 6.483 .02/24/2017 ...08/20/2020 14161G-BU-3. CARD2 182A A - ABS 1FE. .99.7492 728,169 730,000 3.047 3.073 _MON_ .989 730,000 .730,000 13,222 .05/04/2018. ..04/17/2023. 14314J-AC-4. CARMX 171 A3 - ABS 1FE. .922,438 .99.2178 910,952 918.134 .919,589 (1.516)1.980 1.799 .MON.. .808. 18,312 .02/27/2017 .11/15/2021 513,117 .520,000 18978C-AC-7. CNH 17C A3 - ABS. 1FE. .519.988 .98.6763 .519.993 .2.080 .2.090 .MON. .481 10.816 ..11/14/2017 ..02/15/2023 24702J-AD-1 DEFT 172 A3 - ABS 1FE. 329,986 99.3775 327,946 330,000 329,990 2.190 2.204 MON. 181 .7,227 .10/17/2017 ..10/24/2022 24703F-AC-0 | DEFT 171 A3 - ABS 1FE. 1.193.085 1.196.426 99.7168 1.196.473 1.196.460 2.140 2.153 _MON_ 640 26.115 12/07/2017 ..04/22/2022 34530N-AA-5. FORDR 14REV2 A - ABS 1FE. 1,003,320 .99.2962 992.962 1,000,000 .1,001,428 (1.778) 2.310 2.137 .MON.. 1.027 ..04/15/2026. 23,100 ..12/06/2017 34531C-AD-2. FORDO 16C A3 - ABS. 1FE.. .915.063 99.1181 914,386 .922.522 .920,511 2,639 1.220 1.619 .MON.. .500 11,566 .02/27/2017 ..03/15/2021 1.500,000 .1,499,851 11/14/2017 ..03/15/2022 34532A-AD-5 FORDO 17C A3 - ABS 1FE. 1.499.730 98.7460 . 481 . 190 110 2.010 2.026 _MON_ 1.340 30,150 36254M-AD-0.1GMCAR 173 A3 - ABS 1FE. .1.691.102 .98.7959 1.679.530 1.700.000 .1.694.845 3.704 1.970 2.202 .MON.. 1.395 33.490 ..12/18/2017. ..05/16/2022 1FE 36255K-AB-7..|GMALT 182 A2A - ABS 407,025 2.849 _MON_ .407,016 .99.9013 406,623 .407,021 2.830 _352 5,542 _06/19/2018 ..07/20/2020 380881-DX-7 GCCT 172A A - ABS 1FE 1.492.148 98.6312 .479.468 1.500.000 1.495.648 3.278 1.980 2.223 MON 1,320 29,700 12/05/2017 04/15/2022 43813F-AB-9. HAROT 174 A2 - ABS 1FE. ..01/21/2020 .393.345 .99.7893 .392.540 .393.369 .393.364 1.800 1.813 .MON.. ..197 .7.714 ..11/22/2017 43814R-AC-0. HAROT 164 A3 - ABS 1FE 979.687 99.1724 979,646 .987,822 .985,279 2,932 1.210 1.672 MON. 432 12,386 .12/05/2017 12/18/2020. 44931P-AB-2.|HART 17A A2A - ABS .1FE.. .45,014 99.9478 44.990 .45,014 .45,014 1.480 1.489 ..MON.. ...30 ..875 .03/22/2017 ..02/18/2020 44935Q-AD-2 HALST 18B A3 - ABS 1FE. 289.956 100.0396 290.115 290.000 .289.968 13 3.040 3.068 ..MON... .392 4.457 ...10/15/2021 .06/05/2018. 65478H-AB-4. NAROT 17C A2A - ABS 1FE.. 1,158,820 .99.6216 , 155 , 111 1,159,499 1,159,241 .403 1.890 1.945 .MON.. .974 22,799 .12/18/2017 ...10/15/2020 98.9034 ...04/18/2022. 65478H-AD-0 NAROT 17C A3 - ABS 1FE. 669.887 662.653 670.000 669.929 40 2.120 2.136 _MON_ 631 14.204 _12/06/2017 65478N-AD-7..|NAROT 18C A3 - ABS 1FE. .1.349.741 .100.7436 1.360.038 1.350.000 1.349.747 .3.220 .3.249 .MON... 2.294 .12/04/2018 ..06/15/2023 1FE. 616,742 618,526 80285A-AC-9. SRT 17A A2A - ABS .618.454 .99.7115 ..618,511 49 2.020 2.039 .MON.. _382 13,058 ..11/14/2017. ..03/20/2020 80285G-AD-4 | SDART 183 A3 - ABS 1FE 409,990 99.9366 409.740 410.000 409.993 3.030 3.051 MON 552 5.832 06/20/2018 02/15/2022 87165L-BU-4. SYNCT 172 A - ABS. .1FE.. .98.1237 392.495 .400.000 10.480 ...10/15/2025. .399.951 .399.958 .2.620 .2.637 .MON.. .466 ..10/26/2017. 3.715 88161N-AA-7 | TESLA 18B A - ABS 1FE 369.973 100.2390 370.884 370.000 369.973 3.710 MON 458 ..12/14/2018. ..08/20/2021 89621A-AD-1. TCCT-181A-A - ABS .1FE.. 16.470 890.000 100.0000 890.000 890.000 890.000 2.756 2.798 MON 409 03/07/2018 02/27/2023 92347X-AA-4.|VZOT 161 A - ABS 1FE. .735.171 .99.5635 736.102 739.330 738.276 2.589 1.420 1.960 ..MON.. .321 11.164 .11/20/2017 ..01/20/2021 92348P-AA-0.|VZOT 172 A - ABS 1FE. .690.730 .98.9703 692,792 .700,000 .693,445 .2,714 1.920 3.041 _MON_. _411 4.480 .08/17/2018 ...12/20/2021 799,879 981464-CW-8..WFNMT 12A A - ABS .1FE.. .820,688 .99.9848 .800,000 .802,083 _MON_ 1.116 .02/16/2017 ..01/17/2023. (10.085)3.140 1.877 25,520 (1,783)981464-DM-9..|WFNMT 12D A - ABS 1FE. 1.502.813 .99.5797 .493.696 1.500,000 1.500.832 .2.150 .2.038 .MON... 1.433 33,000 .11/17/2017. ..04/17/2023. 981464-GH-7. WFNMT 17C A - ABS 1FE. 897,399 909,909 .27 2.331 .MON. 934 .909,877 .98.6153 .910,000 2.310 21,476 ..11/08/2017 ..08/15/2024. 98160Y-AD-7 | WOART 15B A3 - ABS 1FE 115.629 99.7868 .115,400 115.647 115.643 1.513 MON ..77 1.964 .02/27/2017. .12/15/2020. 1.490 3599999 - Bonds - Industrial and Miscellaneous (Unaffiliated) - Other 29,619,177 XXX 29,437,770 29,639,135 29,620,898 4,600 XXX XXX XXX 25,740 545,378 XXX XXX Loan-Backed and Structured Securities Bonds - Industrial and Miscellaneous (Unaffiliated) - Subtotals - Industrial and Miscellaneous (Unaffiliated) 155.031.262 152.892.612 153.407.135 154.370.486 (445.376) XXX XXX XXX 1.121.892 3.143.363 XXX XXX

Bonds - Hybrid Securities - Issuer Obligations

Bonds - Hybrid Securities - Residential Mortgage-Backed Securities

Bonds - Hybrid Securities - Commercial Mortgage-Backed Securities

Bonds - Hybrid Securities - Other Loan-Backed and Structured Securities

Bonds - Parent, Subsidiaries and Affiliates - Issuer Obligations

Bonds - Parent, Subsidiaries and Affiliates - Residential Mortgage-Backed Securities

Bonds - Parent, Subsidiaries and Affiliates - Other Loan-Backed and Structured Securities

Bonds: SVO Identified Funds - Exchange Traded Funds - as Identified by the SVO

Bonds - SVO Identified Funds - Bond Mutual Funds - as Identified by the SVO

8399999 Subtotals - Total Bonds



SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year Codes Fair Value Change in Book / Adjusted Carrying Value Interest 20 21 15 17 18 19 22 Current Total Year's NAIC Other Foreign Exchange Designation Rate Used Book/ Unrealized Than Admitted Amount Stated Current Year's to Obtain Change Effective and Admin-Adjusted Valuation Temporary Amount Rec. Contractual CUSIP (Amortization)/ During Bond istrative Actual Fair Fair Par Carrying Increase/ Impairment ln Rate Rate When Due & Maturity dentification CHAR Symbol Cost Value Value Value (Decrease) Recognized B./A.C.V. of Paid Accrued Year Acquired Date Description Bonds - Bank Loans - Bank Loans - Issued Bonds - Bank Loans - Bank Loans - Acquired 7799999 - Bonds - Total Bonds - Subtotals - Issuer Obligations 231,783,000 237,656,491 240,419,526 XXX 236,155,540 (1,706,702) 2,095,846 5,717,529 XXX XXX XXX XXX XXX 7999999 - Bonds - Total Bonds - Subtotals - Commercial Mortgage-Backed XXX 5,599,213 (619) XXX 17,449 5,603,972 5,553,836 5,603,353 XXX XXX 20,420 XXX XXX 8099999 - Bonds - Total Bonds - Subtotals - Other Loan-Backed and 31,477,911 XXX 31,166,770 31,214,135 31,373,445 (29,368) XXX XXX XXX 41,740 624,128 XXX XXX Structured Securities

(1,736,688)

XXX

XXX

XXX

2,155,035

6,362,076

XXX

XXX

277,501,409

XXX

272,921,522 268,550,972 274,633,290



Schedule D - Part 2 - Section 1 NONE

Schedule D - Part 2 - Section 2 NONE

__11/.05/2018

..Ω7./.17./2018.

US Bank...

Morgan Stanley.

OPPĚNHEIMER & CO. INC



SCHEDULE D - PART 3 Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year 2 CUSIP Number of Actual Paid for Accrued Interest and Dividends Identification Description Foreign Date Acquired Name of Vendor Shares of Stock Cost Par Value londs - U.S. Governments 09/27/2018 NOMURA SECURITIES INTL., FIXED 2,468,945 UNITED STATES TREASURY 2,500,000 .912828-2X-7 XXX UNITED STATES TREASURY 912828-4L-1 .12/24/2018 BANK OF NEW YORK XXX .3,017,471 .3,000,000 .12,762 UNITED STATES TREASURY .10/10/2018 GOLDMAN. SACHS & CO .3,020,508 912828-LY-4 XXX 3.000.000 40.995 .912828-TR-1.... UNITED STATES TREASURY ..09/27/2018 VAR LOUS XXX 305,145 310,000 1.497 NOMURA SECURITIES INTL., FIXED .912828-WW-6.. UNITED STATES TREASURY ..Ω7./.16/2018 XXX. .2,479,980 .2,500,000 .18,741 0599999 - Bonds - U.S. Governments 11.292.050 11.310.000 90,996 Bonds - All Other Governments Bonds - U.S. States. Territories and Possessions (Direct and Guaranteed) MERRILL LYNCH.PIERCE.FENNER & .750,000 13063B-ZJ-4 CALIFORNIA ST Ω6/Ω1/2018 XXX CALIFORNIA ST ..04/18/2018 CHASE SECURITIES INC 500,000 .13063D-GB-8. XXX 1799999 - Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) 1,253,720 1,250,000 Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) CHICAGO ILL MET WTR RECLAMATION DIST GTR .01/03/2018 XXX 445.816 400.000 ,889 COLUMBUS OHIO MERRILL LYNCH PIERCE FENNER SMITH INC 400,000 199492-XY-0 10/04/2018 XXX 400.000 214651-KH-3 COOK CNTY ILL SCH DIST NO 123 OAK LAWN. _07/.06/2018 RBC CAPITAL MARKETS IIC XXX 509 193 675 000 242559-SE-3 DEARBORN MICH .09/06/2018 HILLTOP SECURITIES INC. XXX 410.000 410.000 627678-7H-2 MUSKEGON CNTY MICH 12/12/2018 MERRILL LYNCH PIERCE FENNER SMITH INC XXX 500,000 500,000 2.265.009 2,385,000 2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) 1.889 Bonds – U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions .010053-BC-9.... AKRON OHIO ECONOMIC DEV REV ._04/.12/.2018 XXX. .502.715 500.000 .5.906 076441-DL-5. BAIRD, ROBERT W., & COMPANY IN. BEDFORD PK VLG ILL HOTEL/MOTEL TAX REV 2,489 __03/21/2018 XXX. .208.848 200,000 091156-NN-5 BIRMINGHAM JEFFERSON ALA CIVIC CTR AUTH 07/18/2018 RAYMOND JAMES/FI XXX 600,000 600,000 .167562-RM-1. CHICAGO ILL MIDWAY ARPT REV. ...07/.25/.2018 MERRILL LYNCH PIERCE FENNER SMITH INC 400.000 400.000 XXX MERRILL LYNCH, PIERCE, FENNER & SMITH, 246352-HM-3 DELAWARE RIV PORT AUTH PA & NJ REV ..12/07/2018 XXX 1.500.000 1,500,000 CREWS & ASSOCIATES, INC. 3130AC-M9-2 FEDERAL HOME LOAN BANKS _09/27/2018 XXX 2.470.075 2.500.000 16.354 3135G0-ZG-1. FEDERAL NATIONAL MORTGAGE ASSOCIATION. .Q8/24/2018. XXX 1.985.600 2.000.000 16.042 3137EA-EB-1 FEDERAL HOME LOAN MORTGAGE CORP. ..07./.16/2018 MORGAN STANLEY & CO. XXX 1.969.380 2,000,000 8,653 31381P-XA-1 FN 466973 - CMBS/RMBS. __11/20/2018 PNC SECURITIES CORP. XXX 1,498,842 1,479,653 3.956 .3138NJ - AA - 6. FN FN0000 - CMBS/RMBS. __11/,20/,2018 INTL FCStone Financial Inc XXX. .1.497.339 .1.485.616 3.701 3138NJ-AK-4 FN FN0009 - CMBS/RMBS 1,495,463 1.486.867 3,527 __11/,20/,2018 Raymond James Financial _XXX_ 31419B-AU-9 FN AE0918 - CMBS/RMBS 11/20/2018 Raymond James Financial XXX 1.498.294 1,485,412 3.782 .56035D-AH-5. MAIN STR NAT GAS INC GA GAS SUPPLY REV. _01/29/2018 RBĆ CAPITAL MARKETS, LLC. _XXX .674.600 625.000 57584X - D8 - 1 MASSACHUSETTS ST DEV FIN AGY REV _08/22/2018 US Bank XXX 100.165 100.000 .495 NATIONAL FINANCIAL SERVICES CO 59333H-CL-8 MIAMI-DADE CNTY FLA PROFESSIONAL SPORTS 08/09/2018 XXX 400.000 400.000 .64577B-JL-9... NEW JERSEY ECONOMIC DEV AUTH REV. _05/.07./2018. RAYMOND JAMES/FI.. XXX 519 900 500.000 4.722 NEW JERSEY ST EDL FACS AUTH REV. 646066-U7-3 ..08/27/2018 XXX 293,601 300.000 1,780 NEW JERSEY ST TRANSN TR FD AUTH. 646136-2H-3 07/01/2018 MORGAN STANLEY & CO. LLC XXX (510,900 (500,000 (10,069) NEW YORK ST DORM AUTH REVS NON ST SUPPOR. JANNEY MONTGOMERY SCOTT INC 447.504 425.000 .2.425 .649907 - XZ - O. . ..07./.18/2018 _XXX NEW YORK ST URBAN DEV CORP REV. JANNEY MONTGOMERY SCOTT INC. .650035-4S-4 08/16/2018 392,773 400,000 3,617 XXX PALM BEACH CNTY FLA HEALTH FACS AUTH RET Citigroup Global Markets, Inc. 1.053.540 1.000,000 6.333 69650M-AN-9 01/10/2018 XXX RACINE CNTY WIS .. .749845-UK-7. ...04/.30/.2018. CHASÉ SECURITIES INC. .635 . 135 650.000 XXX .5.124 759911-3H-1 REGIONAL TRANSN AUTH ILL _05/09/2018 Loop Capital Markets. XXX 300.000 300.000 SALES TAX SECURITIZATION CORP ILL 13.500 79467B-AH-8 12/11/2018 Sterne Agee & Leach Inc XXX 671.130 600.000 TENNESSEE HSG DEV AGY RESIDENTIAL FIN PR. ..04/.13/2018 RAYMOND JAMES/FI. XXX. .541.921 550 000 .2.826 20,987,549 3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions 21,145,923 95,162 londs - Industrial and Miscellaneous (Unaffiliated) .00206R-CL-4... 11/.05/2018 B RILEY & CO. INC. XXX.. ,477,935 1,500,000 12,965 AFRCAP IRELAND CAPITAL DAG VARIOUS. 825.000 00774M-AD-7 _09/25/2018 XXX 806,670 .00912X-BF-0. AIR LEASE CORP. _09/10/2018 WELLS FARGO SECURITIES LLC XXX 700,898 710,000 13,758 .02209S-AJ-2. ALTRIA GROUP INC ..07./23/2018 VARIOUS XXX. .1,830,807 .1,714,000 .66,751 023135-AL-0 AMAZON.COM INC 10/10/2018 CITIGROUP GLOBAL MARKETS INC XXX 1,495,245 1,500,000 13.758 .031162-BB-5 __11/20/2018 WILLENNIUM ADVISORS. 1,016,190 1,000,000 AMGEN INC XXX ..8,500 .037833-CB-4 APPLE INC 07/24/2018 B RILEY & CO. INC. XXX 2.960.520 .3,000,000 15.767 05565Q-CX-4 BP CAPITAL MARKETS PLO 11/05/2018 B RILEY & CO. INC XXX 1.979.780 2.000.000 10.803 BP CAPITAL MARKETS PLC. .08/13/2018 CIBC OPPENHEIMER. .05565Q-DR-6.. XXX .623,297 630.000 4.517 .05578A-AA-6.. BPCE SA. ..01/08/2018 J.P. MORGAN SECURITIES INC XXX .272.649 275,000 2,000 1.350,000 CIBC OPPENHEIMER 05578D-AN-2 BPCE SA. ..05/07/2018 1.344.816 10.688 XXX

XXX.

_XXX.

XXX

.1.971.800

.2,469,500

766.740

BANK OF AMERICA CORP

BANK OF MONTREAL

BARCLAYS BANK PLC

.06051G-FN-4...

.06367T-HQ-6..

06739G-AR-0

.2,000

.12,492

.2.000.000

.2,500,000

750.000



Showing All Long-Term Bonds and Stocks **ACQUIRED** During Current Year

1	2	3	4	owing All Long-Term Bonds and Stocks ACQUIRED During Current Year 5	6	7	8	9
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends
07274N-AC-7	BAYER US FINANCE II LLC.	C		JP MORGAN SECURITIES LLC.	XXX	1,030,000	1.030.000	5.000
126650 - DA - 5	CVS HEALTH CORP		11/05/2018	Morgan Stanley	XXX	1,495,590	1,500,000	7.552
13607R-AB-6	CANADIAN IMPERIAL BANK OF COMMERCE		06/04/2018	CIBČ OPPENHEIMER	XXX	1,232,275	1,250,000	5,000
136451-AB-7	. CPART 181 A2A - ABS		Ω4/.18/2018	United States Treasury Note/Bond.	XXX	239,998	240,000	4,693
14040H-BP-9	CAPITAL ONE FINANCIAL CORP.		11/05/2018.	B RILEY & CO. INC.	XXX	1,479,135	1,500,000	18,229
14149Y - AV - 0 14161G - BU - 3	CARDINAL HEALTH INCCARD2 182A A - ABS	···	08/17/2018 05/04/2018	BARCLAYS CAPITAL INCUS Bank	XXX		800,000 730,000	4,693 4,169
15089Q-AC-8	CELANESE US HOLDINGS LLC		11/29/2018	BARCLAYS CAPITAL INC.	XXX	1,254,084	1,200,000	32.900
151020-AE-4	CELGENE CORP			B RILEY & CO. INC.	XXX	1,011,890	1,000,000	4.169
151020 -BC -7	CELGENE CORP		02/08/2018	CITIGROUP GBL MKTS/SALOMON NEW YORK	XXX	414,809	415,000	18,783
200339-DW-6	COMERICA BANK.		11/20/2018	MLPFS INC FIXED INCOME.	XXX	990,420	1,000,000	11,875
22546Q-AN-7	CREDIT SUISSE AG (NEW YORK BRANCH)	<u>C</u>		OPPENHEIMER & CO. INC.	XXX	1,744,313	1,750,000	18,783
233851-CF-9	DAIMLER FINANCE NORTH AMERICA LLC.		04/.30/.2018	OPPENHE IMER & CO. INC.	XXX	469,412	476,000	2,301
26078J-AA-8 278642-AH-6	DOWDUPONT INC.		11/14/2018	CREDIT SUISSE, NEW YORK (CSUS)	XXX	330,000 1.491.675	330,000 1,500,000	9,264
316773-CT-5	FIFTH THIRD BANCORP			BRILEY & CO. INC			1,500,000	16,500
310773-01-5 337738-AQ-1	FISERV INC		09/20/2018	WELLS FARGO SECURITIES LLC	XXX	269,876		2,444
36255K - AB - 7	GMALT 182 A2A - ABS.		06/19/2018	BARCLAYS CAPITAL INC	XXX	409,991	410,000	
38376A - AB - 9	GOVERNMENT PROPERTIES INCOME TRUST.		Ω8/Ω3/2018	MERRILL LYNCH PIERCE FENNER SMITH INC.	XXX	992,390	1,000,000	2.444
404280-BS-7	HSBC HOLDINGS PLC.	CC	05/10/2018	US Bank	XXX	203,000	203,000	
427866 - AZ - 1	HERSHEY CO.			CitiGroup	XXX	999,580	1,000,000	1,438
42824C-AG-4	HEWLETT PACKARD ENTERPRISE CO.			WELLS FARGO SECURITIES LLC.	XXX	814,792	800,000	
44932H-AK-9 44935Q-AD-2	IBM CREDIT LLC			RBC CAPITAL MARKETS, LLC	XXXXXX	1,500,045 289,956	1,500,000 290,000	1,438 1,332
44935Q-AD-2 45866F-AC-8	INTERCONTINENTAL EXCHANGE INC.			WELLS FARGO SECURITIES LLC.	XXXXXX			1,332
459506-AJ-0	INTERNATIONAL FLAVORS & FRAGRANCES INC		09/24/2018	MORGAN STANLEY & CO., LONDON (MSLNGB)	XXX	209,933	210,000	1,332
472319-AL-6	JEFFERIES GROUP INC.		09/26/2018	U.S. Bank	XXX	1,033,960	1,000,000	9,681
494550 -BB - 1	KINDER MORGAN ENERGY PARTNERS LP			MLPFS INC FIXED INCOME.	XXX	1,072,490	1,000,000	1,332
501044-DH-1	KROGER CO		09/12/2018	JP MORGAN SECURITIES LLC	XXX	485,305	500,000	1,672
571903-AZ-6	MARRIOTT INTERNATIONAL INC		11/.13/2018.	JP MORGAN SECURITIES LLC	XXX	710,000	710,000	10 267
581557 -BM -6	MCKESSON CORP.		11/28/2018	CitiGroup	XXX	919,577	920,000	
594918-BN-3 609207-AQ-8	MICROSOFT CORP		07/24/2018	B RILEY & CO. INC.	XXX	1,973,240 997,420	2,000,000 1,000,000	10,267
609207 - AQ - 8 65478N - AD - 7	NAROT 18C A3 - ABS		05/03/2018 12/04/2018	MIZUHO SECURITIES USA INC. NEW YORK. MIZUHO SECURITIES USA/FIXED INCOME	XXXXXX	997,420	1,000,000	8,533
65557C-AJ-2	NORDEA BANK AB		12/.14/2018	MIZONO SECURITIES USA/FIXED INCOME	XXX	458,001	450,000	7,939
681936-BJ-8	OMEGA HEALTHCARE INVESTORS INC		10/05/2018	VARIOUS	XXX	993.088	1.000.000	7.939
682680 - AQ - 6.	ONEOK INCOKEYUSUS.		10/29/2018	KEYRANC CAPITAL MARKETS INC	XXX	1,011,280	1,000,000	10 625
68268N-AN-3	ONEOK PARTNERS LP		02/26/2018	WELLS FARGO SECURITIES LLC	XXX	354,848	350,000	6,022
693476-BJ-1	PNC FUNDING CORP.		12/06/2018	MORGAN STANLEY & CO. LLC	XXX	1,529,865	1,500,000	26,052
78012K -RK -5	ROYAL BANK OF CANADA.			MILLENNIUM ADVISORS.	XXX	1,482,480	1,500,000	125
784710-AB-1	SSM HEALTH CARE CORP.		04/25/2018	Citigroup Global Markets, Inc.	XXX	650,000	650,000	3,480
80283L - AH - 6 80283L - AV - 5	SANTANDER UK PLC	<u>C</u>	05/02/2018 11/07/2018	CIBC OPPENHEIMER BANK OF NEW YORK (THE)/IPA	XXX		725,000	2,556 3,480
80285G-AD-4	SDART 183 A3 - ABS		06/20/2018	BANK OF NEW YORK (THE)/TPA	XXXXXX	409,990	410,000	
81618T-AB-6	SELECT INCOME REIT		03/27/2018	GOLDMAN, SACHS & CO.	XXX	599,544	600,000	3,480
82939C-AF-4	SINOPEC GROUP OVERSEAS DEVELOPMENT 2016.		08/27/2018	OPPENHEIMER & CO INC	XXX	1,676,540	1,700,000	12,313
857477-AS-2	STATE STREET CORP.		12/06/2018	DEUTSCHE BANK SECURITIES INC.	XXX	1,480,470	1,500,000	11,900
88161N-AA-7	TESLA 18B A - ABS.		12/14/2018	CitiGroup	XXX	369,973	370,000	5,860
89114Q-BJ-6	TORONTO-DOMINION BANK.		07/.20/.2018	CIBC OPPENHEIMER	XXX	493,550	500,000	3,242
89621A-AD-1	TRILLIUM CREDIT CARD TRUST II - ABS.		03/07/2018	SCOTIA CAPITAL USA INC	XXX	890,000	890,000	5,860
92348P-AA-0 929043-AG-2	VZOT 172 A - ABSVORNADO REALTY LP		08/17/2018 08/17/2018	BONY/TORONTO DOMINION SECURITI STIFEL NICOLAUS & COMPANY INC	XXX	690,730 1,221,177	700,000 1,172,000	
961214-BK-8	WESTPAC BANKING CORP		10/.10/.2018.	CITIGROUP GLOBAL MARKETS INC.	XXX	2,551,300	2,500,000	
961214-CY-7	WESTPAC BANKING CORP.	C		CIBC OPPENHEIMER	XXX		400,000	1,902
96950F - AD - 6	WILLIAMS PARTNERS LP		02/20/2018	WELLS EARCH SECURITIES IIC	XXX	1,045,380	1.000.000	22 896
J4506X-AN-8	MITSUBISHI UFJ TRUST AND BANKING CORP	D	07./05./2018	OPPENHEIMER & CO. INC.	XXX	730,303	735,000	3,952
J7772G-AY-1	SUMITOMO MITSUI TRUST BANK LTD.	C	08/30/2018	OPPENHEIMER & CO. INC.	XXX	989,470	1,000,000	7,517
N7S88V-Z7-4	. COOPERATIEVE CENTRALE RAIFFEISEN BOERENL	D		ECLR 90051 OPPENHEIMER CO NY.	XXX	495,420	500,000	10,031
	Industrial and Miscellaneous (Unaffiliated)					72,826,294	72,750,000	669,242
Bonds - Hybrid Secur					L	71	,,	

Bonds - Parent, Subsidiaries, and Affiliates

Bonds - SVO Identified Funds



Showing All Long-Term Bo	onds and Stocks ACQUIRED	During Current Year

				owing All Long-Term Bonds and Stocks ACQUIRED During Current Year	-			
1	2	3	4	5	6	7	8	9
CUSIP					Number of	Actual		Paid for Accrued
Identification	Description	Foreign	Date Acquired	Name of Vendor	Shares of Stock	Cost	Par Value	Interest and Dividends
Bonds - Subtotals - B		Foreign	Date Acquired	Name of Vendor	Shares of Stock	Cost	Par value	interest and Dividends
8399997 - Ronds - S	Subtotals - Bonds - Part 3					108,782,996	108,682,549	857,289
8399998 - Bonds - S	Summary item from Part 5 for Bonds					2,422,546	2,423,000	22,318
8399999 - Bonds - S	Subtotals - Bonds					111,205,542	111,105,549	879,607
Preferred Stocks - In	ndustrial and Miscellaneous (Unaffiliated)					111,200,042	111,100,040	0/3,00/
Preferred Stocks - Pa	arent, Subsidiaries, and Affiliates							
Common Stocks - Indus	strial and Miscellaneous (Unaffiliated)							
	nt, Subsidiaries, and Affiliates							
Common Stocks - Mutua								
9999999 Totals						111,205,542	XXX	879,607
Sasasas Lotais						111,200,042	۸۸۸	0/9,00/



										FANI									
					Showing all	Long-Term	Bonds and St		REDEEMED o	r Otherwise DI			Year						
1	2	3 4	5	6	7	8	9	10		Change in E	Book/Adjusted Ca	arrying Value		16	17	18	19	20	21
		_							11	12	13	14	15						
		·							• • • • • • • • • • • • • • • • • • • •	'-	"	'-	"						
		r									Current Year's			Book/				Bond	
OLIOID.		e		l				Prior Year	Unrealized		Other-Than-		Total Foreign	Adjusted	Foreign		T	Interest/Stock	Stated
CUSIP Identi-		g Disposal		Number of Shares of				Book/Adjusted Carrying	Valuation Increase/	Current Year (Amortization)/	Temporary Impairment	Total Change in B/A. C.V.	Exchange Change in	Carrying Value	Exchange Gain (Loss) on	Realized Gain (Loss) on	Total Gain (Loss) on	Dividends Received	Contractua Maturity
fication	Description	n Date	Name of Purchaser	Stock	Consideration	Par Value	Actual Cost	Value	(Decrease)	Accretion	Recognized	(11+12-13)	B/A. C.V.	Disposal Date	Disposal	Disposal	Disposal	During Year	Date
	Governments	1					1		(= ======)			1 (:= :=)		1					1
912828-L4-0	UNITED STATES TREASURY	09/15/2018.		XXX	315,000	315,000	316,352	315,476		(476)		(476)		315,000			0	3,150	09/15/2018
912828-XW-5	UNITED STATES TREASURY	01/09/2018	CITIGROUP GLOBAL MARKETS	XXX	97.832	100.000	99,430	99.460		,		2		99,463		(1.632)	(1.632)	923	06/30/2022
	Bonds - U.S. Governments	1		<i>/</i> //////////////////////////////	412.832	415,000	415,782	414.937	0	(473)	0	(473)	0	414.463	0	(1,632)	(1,632)	4,073	
	Other Governments				,,,,	- 7,111	.,	,						,		(,,,,,,	(,,,,,	,,,,	
	States, Territories and Possessions		,																
	CALIFORNIA ST		. RBC CAPITAL MARKETS, LLC	XXX		750,000	750,000					0		750,000		495	495	9,016	
	Bonds - U.S. States, Territories and			t and \	750,495	750,000	750,000	0	0	0	0	0	0	750,000	0	495	495	9,016	XXX
	Political Subdivisions of States, Te		Morgan Stanley	(XXX		1.000.000	1.009.820	1.009.747		(636)		L(636)	ı	1.009.111		(9,401)	(9,401)		08/01/2047
	Bonds - U.S. Political Subdivisions of					, ,	, , , , , , ,	, ,						, , , , , , ,					
	Guaranteed)		•		999,710	1,000,000	1,009,820	1,009,747	0	(636)	0	(636)	0	1,009,111	0	(9,401)	(9,401)	8,247	XXX
Bonds - U.S.	Special Revenue and Special Assessme	ent and all Non-Gu	aranteed Obligations of Agen	ncies and Author	ities of Governme	ents and Their F	Political Subdiv	isions											
13034A-FL-9	CALIFORNIA INFRASTRUCTURE & ECONOMIC DEV	03/22/2018.	Call @ 100.00	xxx	1,000,000	1,000,000	1,000,000	1,000,000				n		1,000,000				6,476	10/01/2047
	CALIFORNIA INFRASTRUCTURE &		ı "	1						1		1							İ
13034A-SU-5	ECONOMIC DEV.		B.C. ZIEGLER & CO	XXX		500,000	500,000	500,000				0		500,000		(875)	(875)	1,256	04/01/2038
31381P-XA-1 3138NJ-AA-6	FN 466973 - CMBS/RMBS FN FN0000 - CMBS/RMBS	12/01/2018.	Paydown	XXX	2,710	2,710 3,062	2,746			(35)		(35)		2,710		ł	0		01/01/2021
3138NJ-AK-4	FN FN0000 - CMBS/RMBS		Paydown		374.873	374,873	377,041			(24)		(2, 167)					0		110/01/2020
31419B-AU-9	FN AE0918 - CMBS/RMBS	12/01/2018	Paydown	XXX	3,067	3,067	3,093			(27)		(27)		3,067		0	0		10/01/2020
646136-2H-3	NEW JERSEY ST TRANSN TR FD AUTH	09/01/2018.		XXX				508,283		2,617		2,617					0	12,500	
700044 57 0	RHODE IS ST HEALTH & EDL BLDG CORP	05/45/0040	M-4	XXX	050 000	250.000	266.818	253.559		(2,550)		(2.550)		050 000				0.050	05/45/0040
762244-EV-9	TENNESSEE HSG DEV AGY RESIDENTIAL	05/15/2018.	. Maturity @ 100.00	^^^	250,000	250,000	200,818	253,559		(3,559)		(3,559)		250,000				6,250	05/15/2018.
880461-LU-0	FIN PR	07/01/2018.	. Call @ 100.00	XXX	10,000	10,000	9,853			17		17		9,871		129	129		01/01/2020.
88256C-AW-9	TEXAS MUN GAS ACQUISITION & SUPPLY	05/01/2018.	MERRILL LYNCH PIERCE FENNER SMITH INC	XXX	246,500	250,000	237,500	238,231		439		439		238,670		7,830	7.830	1,800	12/15/2026.
00230U-AW-9	VILLAGE CMNTY DEV DIST NO 6 FLA SPL	1	. FENNER SMITH INC		240,300	230,000	237 ,300	230,231		439		1439		230,070				1,000	12/ 13/ 2020.
92707U-AW-6	ASSM	11/01/2018.	. Call @ 100.00	XXX	10,000	10,000	10,785	10,703		(72)		(72)		10,631		(631)	(631)	101	05/01/2023.
97712D-CC-8	WISCONSIN ST HEALTH & EDL FACS AUTH	11/15/2018.	VARIOUS.	XXX	1,405,770	1,395,000	1,617,684	1,438,265		(32,483)		(32,483)		1,405,783		(13)	(13)	54,750	11/15/2018.
	Bonds - U.S. Special Revenue and Spec				1,403,770									1,400,700		,			
	Agencies and Authorities of Gover		Political Subdivisions		3,805,107	3,798,712	4,028,604	3,949,041	0	(35,294)	0	(35, 294)	0	3,798,666	0	6,441	6,441	83,133	XXX
Bonds - Indus	strial and Miscellaneous (Unaffiliate	ed)	THE DANCORD INVESTMENTS	1															_
00287Y-AT-6	ABBVIE INC	12/12/2018.	US BANCORP INVESTMENTS	XXX		600,000	602,166	601,599		(652)		(652)		600.946		(9,772)	(9,772)	16,250	05/14/2020
0258M0-EE-5_	AMERICAN EXPRESS CREDIT CORP	03/12/2018.	Raymond James Financial	XXX		1,000,000	998,960	999,242		68		68		999,309		(12,959)	(12,959)	11,672	03/03/2020
03065D-AD-9	AMCAR 163 A3 - ABS	12/08/2018.	Paydown	XXX		594,157	592,347	593,172		986		986		594,157		(1,908)	(1,908)	5,327	
03065F-AD-4	AMCAR 171 A3 - ABS	12/18/2018.	Paydown	XXX		35,134	35,132	35,133		1		11		35,134		0	0	591	
037411-AZ-8 055657-AB-6	APACHE CORPBMWLT 171 A2 - ABS	08/22/2018.	. Corporate Action	XXXXXX	213,893	214,000 457,280	216 , 144	216 , 118 457 , 263		(317)		(317)		215,801 .457,280		(1,908)	(1,908)	5,970 3,970	
05584P-AB-3	BMWLT 172 A2A - ABS	12/20/2018.	Paydown.			169,506	457 ,232	437 ,203		14		14	·	169,506		1	n	2,068	
12636W-AB-2	CNH 17A A2 - ABS	12/15/2018.	Paydown.	XXX	1,120,849	1,120,849	1,119,316	1,119,297		1,551		1,551		1,120,849		I	0	8,177	07/15/2020
136451-AB-7	CPART 181 A2A - ABS	A12/19/2018.	Paydown	XXX	70,243	70,243	70,243	405,146		0		0					0	918	08/19/2020
139738-AD-0	AFIN 152 A3 - ABS	06/20/2018.	Paydown	XXX	621,136	621,136	622,689	621,667		(530)		(530)		621,136			0	2,890	
13974L-AD-0	AFIN 154 A4 - ABS	12/20/2018.	Paydown	XXXXXX	404,981	404,981	405 , 155	405,146		(165)		(165)	ļ	404,981		(20,700)	(20,700)	7,209	
13976A-AD-2 14314J-AC-4	AFIN 163 A3 - ABS	12/20/2018.	Paydown	XXX	1,351,534	1,351,534	1,349,106	1,350,286		1,249		1,249	ļ	1,351,534 81,866		(20,700)	(20,700)	11,200	
20826F-AE-6	CONOCOPHILLIPS CO.	01/22/2018.	VARIOUS.	XXX	921,627	900,000	913,842	911,435		(171)		(171)		911,264		(11,264)	(20,700)		
			CITIGROUP GLOBAL MARKETS	1						Ī,		Ī ,,,,,				, , ,	, , ,		1
23331A-BL-2	D.R. HORTON INC.	12/04/2018.	. INC	XXX	669,141	690,000	689,765	689,771				ļ70	ļ	689,841		(20,700)	(20,700)	17,644	
24703F - AC - 0 25746U - BL - 2	DEFT 171 A3 - ABS	12/22/2018.	PaydownVAR10US.	XXXXXX	303,527	303,527	303,515	303,516 1,053,381				(15,509)	····	303,527		(37,872)	(37,872)	5,683	
34531C-AD-2	FORDO 16C A3 - ABS	12/17/2018.	Paydown		347 . 478	347 .478	344.668	345,726		1.752		1.752		347 ,478		(37,072)	(31,0/2) n		
36253W-AB-3	GMALT 171 A2A - ABS	11/20/2018.	Paydown	XXX	524 , 105	524,105	524,045	524,108		(2)		(2)		524,105		0		4,518	
	GMALT 182 A2A - ABS	12/20/2018.	Paydown	XXX	2,975	2,975	2,975	666,593				0		2,975		0	0	33	
201415 45 0	COLDMAN SACHS CROLID INC		KEÝBANC CAPITAL MARKETS	XXX	408,999		429.361	440 704		/E 240\		/F 2421				/E 450)	/E 450\	40 004	1
38141E-A5-8 43813F-AB-9	GOLDMAN SACHS GROUP INC HAROT 174 A2 - ABS	06/25/2018.	Paydown.	XXX		395,000 666.631	666,590	419,794 666.593		(5,343)		(5,343)		414,451 666,631		(5,452)	(5,452)	16,631	03/15/2020
	HAROT 153 A4 - ABS	12/18/2018		XXX	1.050.000	1.050.000	1.049.631	1.049.783		217		217	ļ	1.050.000		(2.110)	(2.110)	14.382	



					Showing all	Long-Term	Bonds and St	tocks SOLD , I	REDEEMED o	r Otherwise DI	SPOSED OF [During Current	Year						
1	2	3 4	5	6	7	8	9	10		Change in E	ook/Adjusted Ca	rrying Value		16	17	18	19	20	21
		_							11	12	13	14	15						
		5							11	'2	13	'4	15						
		r									Current Year's			Book/				Bond	
CHOID		9		Number of				Prior Year	Unrealized	C V	Other-Than-	Tatal Channa in	Total Foreign	Adjusted	Foreign	Dealined Cain	Total Cain	Interest/Stock	Stated
CUSIP Identi-		Disposal		Shares of				Book/Adjusted Carrying	Valuation Increase/	Current Year (Amortization)/	Temporary Impairment	Total Change in B/A. C.V.	Exchange Change in	Carrying Value	(Loss) on	Realized Gain (Loss) on	Total Gain (Loss) on	Dividends Received	Contractual Maturity
fication	Description	n Date	Name of Purchaser	Stock	Consideration	Par Value	Actual Cost	Value	(Decrease)	Accretion	Recognized	(11+12-13)	B/A. C.V.	Disposal Date	Disposal	Disposal	Disposal	During Year	Date
43814R-AC-0	HAROT 164 A3 - ABS.	12/18/2018		XXX	512,178	512,178	507,961	509,340	(= 00: 00:00)	2,838		2,838		512,178		0	0	4,631	12/18/2020
		1 1	CITIGROUP GLOBAL MARKETS							l .		l .							l l
44891Q-AB-8	HALST 17C A2A - ABS	05/07/2018	INC	XXXXXX	337,875	340,000	339,973	339,976		9		9		339,985		(2,110)	(2,110)	2,570	
4493 IP-AB-Z	HAKI 1/A AZA - ABS	12/15/2018	US BANCORP INVESTMENTS		826,664	826,664	826,660	826,661						826,664		⁰	0		02/18/2020
49326E-EF-6	KEYCORP	12/11/2018	INC.	XXX	791,520	800,000	814,968	811,471		(3,942)		(3,942)	<u> </u>	807,529		(16,009)	(16,009)	28,871	09/15/2020
	NAROT 17C A2A - ABS.	12/15/2018	Paydown.	XXX	680,501	680,501	680 , 102	680,113		388		388		680,501			0	9,785	
	SRT 17A A2A - ABS	12/20/2018	Paydown	XXX	421,474	421,474	421,425	421,430		44		44		421,474		0	0		03/20/2020
832696-AB-4	J M SMUCKER CO	03/06/2018	BMO CAPITAL MARKETS	XXX	605,454	600,000	627,000	622,355		(1,023)		(1,023)		621,332		(15,878)	(15,878)	8,342	10/15/2021
832606 AO 1	J M SMUCKER CO	05/07/2018	KEYBANC CAPITAL MARKETS	l xxx	989,680	1,000,000	999.220	999.246		135		135		999.381		(9,701)	(9,701)	0 200	12/06/2019
	SYNCT 152 A - ABS.	04/16/2018		XXX	810.000	810,000	810.348	810,089		(89)		(89)		810,000		(4,078)	(4,078)		04/15/2021
	SYNCT 153 A - ABS	09/17/2018		XXX	1,000,000	1,000,000	1,000,156	1.000.073		(73)		(73)		1.000.000		(1,787)	(1,787)		09/15/2021
871829-BB-2			PERSHING LLC.	XXX	596.820	600,000	601,632	600,988		(90)		(90)		600,898		(4,078)	(4,078)		04/01/2019
	VENTAS REALTY LP		Corporate Action	XXX	836,456	800,000	859.200	847 , 154		(8,911)		(8,911)		838,243		(1,787)	(1,787)		06/01/2021
92347X-AA-4	VZOT 161 A - ABS	12/20/2018	Paydown.	XXX	760,670	760,670	756,392	756,923		3,748		3,748		760,670			0		01/20/2021
004404 08 0	WELLET 404 4 480	10/24/2018	BONY/TORONTO DOMINION	XXX	200 004	200 200	005 470	000 040		(0.057)		(0.057)		200 005		(754)	(754)		
	WFNMT 12A A - ABS	10/24/2018		ХХХ ХХХ	200,234	200,000	205,172	203,042		(2,057)		(2,057)		200,985		(751)	(751)	5,525	01/17/2023
	WOART 15B A3 - ABS	12/1//2018		XXX	434,665	434,666	1,001,055	1,000,665		(665)		(665)		1,000,000 434,666				3,066	
	onds - Industrial and Miscellaneous (U		rayuuwii		23.429.605	23.386.555		24.550.548	Λ	(26.633)	Λ	(26,633)	0	23.525.393	Λ	(201.524)	(201.524)	420.255	
Bonds - Hybri		marriratou			23,423,003	25,000,000	25,557,475	24,000,040	0	(20,030)	0	(20,030)		20,020,000	0	(201,324)	(201,024)	420,233	AAA
	t, Subsidiaries, and Affiliates																		
Bonds - SV0 I	dentified Funds																		
	tals - Bank Loans																		
	onds - Subtotals - Bonds - Part 4				29,397,748			29,924,272	0	(63,036)	0		0	20, 101,000	0		(205,621)	524,724	
	onds - Summary item from Part 5 for Bo	onds			2,386,945	2,423,000		00 004 070	0	185	0		0	2,422,730	0		15,498	44,503	XXX
	onds - Subtotals - Bonds	- (()) - (- 1)			31,784,693	31,773,267	32,224,227	29,924,272	0	(62,851)	0	(62,851)	0	31,920,363	0	(190,123)	(190,123)	569,227	XXX
	cks - Industrial and Miscellaneous (Un cks - Parent, Subsidiaries, and Affili																		
	- Industrial and Miscellaneous (Unaff																		
	- Parent, Subsidiaries, and Affiliate																		
	- Mutual Funds																		
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9999999 T	otals				31,784,693	XXX	32,224,227	29,924,272	0	(62,851)	0	(62,851)	0	31,920,363	0	(190,123)	(190,123)	569,227	XXX





					Showing	all Long-Term B	onds and Sto	cks ACQUIRED D	Jurina Vear an	d Fully DISPOS	ED OF During C	urrent Vear							
1	2	3 4	5	6	7	8	9	10	11	l any Dioi oc		Book/Adjusted C	arrying Value		17	18	19	20	21
		۲	Ĭ		'		3	10		12	13	14	15	16	† '′	10	13	20	-
		F o r e				Par Value (Bonds) or			Book/ Adjusted	Unrealized	10	Current Year's Other Than	Total Change		Foreign			Interest and	Paid for Accrued
		i l				Number of			Carrying	Valuation	Current Year's	Temporary	In	Exchange	Exchange	Realized Gain	Total	Dividends	Interest
CUSIP		g Date		Disposal		Shares			Value at	Increase/	(Amortization)/	Impairment	B./A. C.V.	Change in	Gain (Loss) on	(Loss) on	Gain (Loss)	Received	and
Identification		n Acquired	Name of Vendor	Date	Name of Purchaser	(Stocks)	Actual Cost	Consideration	Disposal	(Decrease)	Accretion	Recognized	(12 + 13 - 14)	B./A. C.V.	Disposal	Disposal	on Disposal	During Year	Dividend
	S. Governments																		
	Other Governments																		
	 States, Territories and Possession 																		
	 Political Subdivisions of States, Te 																		
	 Special Revenue and Special Ass 		II Non-Guaranteed Obligation	ons of Agencie	es and Authorities of Gove	ernments and Th	neir Political S	ubdivisions											
Bonds - Ind	ustrial and Miscellaneous (Unaffiliat	ed)				,													_
126650-DA-5_	. CVS HEALTH CORP	03/06/2018.	J.P. MORGAN SECURITIES	10/02/2018	BNP Paribas BONY/TORONTO DOMINION	678,000	677 ,675	677,654	677,765		91		91			15,498	15,498	12,065	3,91
	CONSTELLATION BRANDS INC		BANK OF NEW YORK (THE)/IPA.	i	SECURITI	530,000	530,000	530 , 101	530,000		458		458				0	47	3,91
22546Q-AN-7	BRANCH)	.C04/30/2018.	OPPENHEIMER & CO. INC J.P. MORGAN SECURITIES	08/30/2018	OPPENHEIMER & CO. INC	400,000	398,520	398,972	398,978		458		458				Ω	6,977	3,91
46115H-BC-0	. INTESA SANPAOLO SPA	.C01/05/2018.	INCCITIGROUP GLOBAL MARKETS	11/01/2018	Adjustment	315,000	314 , 181	285 , 182	314,304		123		123				۵	8,564	5,29
651229-AU-0	. NEWELL RUBBERMAID INC	01/31/2018.		12/18/2018	Corporate Action	500,000	502,170	495,036	501,683		(487)		(487)				Ω	16,851	5,29
3899999 -	Bonds - Industrial and Miscellaneo	us (Unaffiliated	1)			2,423,000	2,422,546	2,386,945	2,422,730	0	643	0	643	0	0	15,498	15,498	44,504	22,31
	orid Securities																		
Bonds - Par	ent, Subsidiaries, and Affiliates																		
	O Identified Funds																		
	ototals - Bank Loans			· ·					· ·										
	Bonds - Subtotals - Bonds					2,423,000	2,422,546	2,386,945	2,422,730	0	643	0	643	0	0	15,498	15,498	44,504	22,31
	tocks - Industrial and Miscellaneous																		
	tocks - Parent, Subsidiaries, and Aff		ated)																
	ocks - Industrial and Miscellaneous																		
	ocks - Parent, Subsidiaries, and Aff	iliates																	
Common St	ocks - Mutual Funds				1													1	
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SCHEDULE D - PART 6 - SECTION 1

			Valuati	on of Shares	of Subsidiar	y, Controlled	or Affiliated Cor	npanies			
1	2	3	4	5	6	7 Do Insurer's	8	9	10	Stock of Company O Insurer on State	wned by
						Assets Include Intangible Assets Connected with				11	12
CUSIP Identification	Description Name of Subsidiary, Controlled or Affiliated Company	Foreign	NAIC Company Code	ID Number	NAIC Valuation Method		Total Amount of Such Intangible Assets	Book / Adjusted Carrying Value	Nonadmitted Amount	Number of Shares	% of Outstanding
				<u> </u>							ļ
				 - -\-\-							
											
				ļ							ļ
1999999 T	otals - Preferred and Comn	non Stoc	ks				0	0	0	XXX	XXX

SCHEDULE D - PART 6 - SECTION 2

1	2	3	4 Total Amount of Intangible Assets	Stock in Lower-Tier Owned Indirectly by Statement D	Insurer on
CUSIP		Name of Company Listed in Section 1 Which	Included in Amount Shown in Column 8,	5	6 % of
Identification	Name of Lower-Tier Company	Controls Lower-Tier Company	Section 1	Number of Shares	Outstanding
		┨╌╲╌╏╌┞╌┞╌┈┤╌╂┼╌╂╌╲╌┸╌╏╌╌┲╼═┛╌┄┄┄┄╌			
	-				
					
0399999 Totals - Pre	eferred and Common			XXX	XXX



						_		_)A - PA									
1	Codes	I 4		l 6	Sh			NVESTMENTS Adjusted Carrying	S Owned Decen	nber 31 of Curr		<u> </u>		Into	erest			20
1	Codes	4	5	ь	/	CII	9	lujusteu Carrying	Value	12	13			IIILE	erest	I		20
	2 3					8		10	11			14	15	16	17	18	19	
							0	Current	Total			Amount Due						
					Book/	Unrealized	Current Year's	Year's Other-Than-	Foreign			And Accrued Dec. 31 of						
	Fo	_			Adjusted	Valuation	(Amortization)	Temporary	Exchange			Current Year	Non-Admitted					Paid for
Description	Code gr	Date Acquired	Name of Vendor	Maturity Date	Carrying Value	Increase/ (Decrease)	/ Accretion	Impairment Recognized	Change in B./A.C.V.	Par Value	Actual Cost	On Bond Not In Default	Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Accrued Interest
Bonds - U.S. Governments Issuer Obligations		ij Acquired		Date	value	(Decrease)	Accretion	Recognized	D./A.C.V.	Fai Value	Actual Cost	III Delault	Accided	i Nate of	Nate of	I When Falu	During real	IIIIeresi
UNITED STATES TREASURY		07/16/2018	NOMURA SECURITIES INTL., FIXED I	05/15/2019	2.507.116		(8,704)			2.500.000	2.515.820	10 . 143		3.125	2.347	MN	39.063	13,375
			NOMURA SECURITIES INTL.,		, , , ,													
UNITED STATES TREASURY		08/24/2018	.FIXED I	08/15/2019	1,510,971		(6,021)			1 ,500 ,000	1,516,992	20,538		3.625	2.432	FA		1,773
UNITED STATES TREASURY		07/16/2018	FIXED I	06/30/2019	2,482,959		15,478			2,500,000	2,467,480	69		1.000	2.387	JD	12,500	1,155
UNITED STATES TREASURY		07/16/2018	NOMURA SECURITIES INTL.,	04/30/2019	2.494.290		7.962			2.500.000	2.486.328	6.958		1,625	2.328	A0	20.313	8,611
0199999 - Bonds - U.S. Governments - Issu				1	8,995,335	0	8,714	0	0	9,000,000	8,986,621	37,709	0	XXX	XXX	XXX	71,875	24,913
Bonds - U.S. Governments - Residential Mort Bonds - U.S. Governments - Commercial Morto																		
Bonds - U.S Governments - Other Loan-Backet	and Structure																	
0599999 - Bonds - Subtotals - U.S. Govern					8,995,335	0	8,714	0	0	9,000,000	8,986,621	37,709	0	XXX	XXX	XXX	71,875	24,913
Bonds - All Other Governments - Issuer Obli Bonds - All Other Governments - Residential		ed Securities																
Bonds - All Other Governments - Single Clas	s Mortgage-Back	ked/Asset-Back																
Bonds - All Other Governments - Other Loan- Bonds - U.S. States, Territories and Posses																		
) - Residential Mortgage-Backe	d Securities														
) - Commercial Mortgage-Backed															
Bonds - U.S. States, Territories and Posses Bonds - U.S. Political Subdivisions of Stat) - Other Loan-Backed and Stru ons (Direct and Guaranteed) -															
Bonds - U.S. Political Subdivisions of Stat	es, Territorie	and Possessio	ons (Direct and Guaranteed) -	Residential Mor	rtgage-Backed Sec													
Bonds - U.S. Political Subdivisions of Stat Bonds - U.S. Political Subdivisions of Stat																		
Bonds - U.S. Special Revenue and Special As							heir Political S	Subdivisions - Iss	suer Obligations									
FREDDIE MAC.		07/13/2018	WUNDERLICH SECURITIES INC	05/30/2019	2,493,909		6,784			2,500,000	2,487,125	3,767		1.750	2.349	MN	21,875	5,590
FEDERAL NATIONAL MORTGAGE ASSOCIATION		07/16/2018	MORGAN STANLEY & CO. LLC NOMURA SECURITIES INTL.,	06/20/2019	2,493,082		6,732			2,500,000	2,486,350	1,337		1.750	2.349	JD	21,875	3,281
FEDERAL HOME LOAN MORTGAGE CORP.		07/13/2018	FIXED I	04/15/2019	2,491,509		13,672			2,500,000	2,477,838	5,938		1.125	2.328	A0	14,063	7,109
2599999 - Bonds - U.S. Special Revenue an Agencies and Authorities of Go					7,478,501	0	27,188	0	0	7,500,000	7,451,313	11,042	0	XXX	XXX	XXX	57,813	15,981
Bonds - U.S. Special Revenue and Special As											, , , , , ,					•	, , , , , ,	
Bonds - U.S. Special Revenue and Special As Bonds - U.S. Special Revenue and Special As											ties							
3199999 - Bonds - Subtotals - U.S. Specia	al Revenue and	Special Assess	ment Obligations and all Non-G	Guaranteed		TOTALIO GITA			Local Backet and									
Obligations of Agencies and Au Bonds - Industrial and Miscellaneous (Unaf					7,478,501	0	27,188	0	0	7,500,000	7,451,313	11,042	0	XXX	XXX	XXX	57,813	15,981
BANK OF AMERICA CORP.		11/20/2018	CIBC OPPENHEIMER.	03/15/2019	502,418		(1,292)			500,000	503,710	8,083		5.490	3.051	MS		5, 185
CISCO SYSTEMS INC		07/19/2018 07/06/2018	MILLENNIUM ADVISORS	02/15/2019 04/23/2019	250,791 505,511		(2,834)			250,000 500,000	253,625 514,000	4,675 5,950		4.950 6.300	2.331 2.670	FA		5,431
CANADIAN PACIFIC RAILWAY CO		09/20/2018	OPPENHEIMER & CO. INC	05/15/2019	219,484		(2,532)			216,000	222,016	2,001		7.250	2.831	MN	7,830	5,612
NEXEN INC		08/06/201812/19/2018	CIBC OPPENHEIMER.	07/30/2019	1,528,630 507,495		(19,460)			1,500,000	1,548,090 507,780	39,008 5,278		6.200	2.851	JJ	-	2,067 4,583
BP AMI LEASING INC.		08/29/2018	OPPENHEIMER & CO. INC	05/08/2019	504,884		(4,661)			500,000	509,545	4,066			2.701	MN	13,808	8,591
PNC FINANCIAL SERVICES GROUP INCISRAEL ELECTRIC CORP LTD		06/01/2018 04/20/2018	.CIBC OPPENHEIMER	05/15/2019	219,285 500,815		(5,042)			216,000		1,898 16,715		6 .875 7 .250	2.711			9,868
ORACLE CORP		07/16/2018	MILLENNIUM ADVISORS	01/15/2019	2,499,983		208			2,500,000	2,499,775	27,378		2.375	2.393			495 10.634
SUMITOMO MITSUI BANKING CORPBANQUE FEDERATIVE DU CREDIT MUTUEL SA		05/14/2018 04/18/2018	OPPENHEIMER & CO. INC OPPENHEIMER & CO. INC	01/10/2019	1,249,985 400,034		410 (402)			1,250,000	1,249,575 400,436	14,547 .4,858		2.450	2.500 2.601	JJJJ		2.658
BANK OF NEW YORK MELLON CORP		07/16/2018	Southwest Securities.	03/04/2019	2,499,667		917			2,500,000	2,498,750	17,875		2.200	2.279	MS	27,500	20,472
		06/19/2018	OPPENHEIMER & CO. INC CITIGROUP GLOBAL MARKETS	02/20/2019	1,219,753		985			1,220,000	1,218,768	11,099		2.500	2.651	FA	15,250	10 , 167
RYDER SYSTEM INC		07/25/201810/05/2018	VARIOUS.	06/01/2019	868,986 1,249,559		1,057 2,316				867 ,929 1,247 ,243	1,849 12,839		2.550 2.550	2.835 2.911	JDFA	11,093 9,563	3,451
CISCO SYSTEMS INC.		07/16/2018	VARIOUS	03/01/2019	1,749,448		1,563			1,750,000	1,747,885	12,396		2.125	2.321	MS	18,594	14,152
BNZ INTERNATIONAL FUNDING LIMITED (LONDO NORDEA BANK AB		10/22/2018 11/27/2018.	OPPENHEIMER & CO. INCVARIOUS	03/04/2019 04/04/2019	899,450 875,269		620 547			900,000 876,000		6,874 5,028		2.350 2.375	2.702 2.701		7,006	2,879 7,130
MIZUHO BANK LTD		08/29/2018	VARIOUS.	04/16/2019	1,258,531		577			1,259,000	1,257,954	6,426		2.450	2.581	A0	15,423	11,338
WELLS FARGO & CO	-1	07/16/2018	VARIOUS	04/22/2019	1,561,481		3,773	<u> </u>	ł	1,564,000	1,557,708	6,370		2.125	2.660	A0	16,618	7,939



						CI.			NVESTMENTS	6 Owned Decem		ent Vear							
1	Code	e I	4	5	6	7			djusted Carrying		Der 31 Of Curre	eni rear I 13	I		Inte	erest			20
'	Code	┪	4	5	0	'	<u> </u>	g q	lajastea Carrying	Value	12	13							1 20
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								C	Current	Tatal			Amount Due And Accrued		1				
						Book/	Unrealized	Current Year's	Year's Other-Than-	Total Foreign			Dec. 31 of		1				
		Fo				Adjusted	Valuation	(Amortization)	Temporary	Exchange			Current Year	Non-Admitted	1				Paid for
		rei	Date		Maturity	Carrying	Increase/	/	Impairment	Change in			On Bond Not	Due and	1	Effective		Amount Received	
Description	Code	gn	Acquired	Name of Vendor	Date	Value	(Decrease)	Accretion	Recognized	B./A.C.V.	Par Value	Actual Cost	In Default	Accrued	Rate of	Rate of	When Paid	During Year	Interest
TENCENT HOLDINGS LTD		C		CIBC OPPENHEIMER.	05/02/2019	2,756,565		(7,020)			2,750,000	2,763,585	15,211		3.375	2.651	MN	46,406	
MUFG UNION BANK NA	-	. L.C.	10/10/2018	OPPENHEIMER & CO. INC	05/06/2019 05/15/2019	998,804 1.997.532		784			1,000,000 2,000,000	998,020	3,438 5,367		2.250	2.601 2.437	MN	11,250	9,688
CREDIT SUISSE AG (NEW YORK BRANCH)		C		CIBC OPPENHEIMER	05/28/2019	1,198,557		2,061			1,200,000	1,196,496	2,530		2.300	2.600	MN	13,800	230
AUSTRALIA AND NEW ZEALAND BANKING GROUP		C	11/29/2018	OPPENHEIMER & CO. INC	06/13/2019	249,172		164			250,000 2,500,000	249.008	281		2.250	3.001	JD.	2,813	2.609
TOTAL CAPITAL INTERNATIONAL SA		C	07/13/2018	HILLTOP SECURITIES INC	06/19/2019	2,496,342		3,592				2,492,750	1,750		2.100	2.419	JD	26,250	4,083
PNC BANK NA			07/17/2018	.130	07/02/2019 06/26/2019	2,495,564 1,998,629		3,939 1,279			2,500,000	2,491,625 1,997,350	27,969		2.250	2.608 2.443	JD	23,000	
MORGAN STANLEY	1	1	07/24/2018	Morgan Stanley	07/23/2019	1,998,629	ļ	2.974			1.500,000	1,997,350	639 15,635		2.375	2.443	JU		3,386
KT CORP	1	. C.	09/28/2018	OPPENHEIMER & CO. INC.	04/22/2019	948,925		901			950,000	948,024	4,780		2.625	3.002	A0	12,469	11,014
MACQUARIE BANK LTD.		C.	10/09/2018	OPPENHEIMER & CO. INC	06/24/2019	999,288		358			1,000,000	998,930	506		2.600	2.751	JD	13,000	7.656
LLOYDS BANK PLC.		C	11/14/2018	OPPENHEIMER & CO. INC	09/05/2019	795,486		870			800,000	794,616	6,058		2.350	3.200	MS		3,656
COMMONWEALTH BANK OF AUSTRALIA		٠٠٠٠ -	12/17/2018 11/21/2018	OPPENHEIMER & CO. INC OPPENHEIMER & CO. INC	09/06/2019	288,643 298,220					290,000 300,000		2,131 2,213		2.300	3.000	MS	·	1,890
WALGREENS BOOTS ALLIANCE INC.	1	1.0.1	11/20/2018	GOLDMAN, SACHS & CO.	11/18/2019	996,282		452			1,000,000				2.700	3.132	MN.	1	
ELECTRICITE DE FRANCE SA		C	06/21/2018	CIBC OPPENHEIMER	01/22/2019	299,899		922			300,000	298,977	2,849		2.150	2.750	JJ	3,225	2,741
BANK OF TOKYO-MITSUBISHI UFJ LTD.		C	08/13/2018	VARIOUS.	03/10/2019	799,434	ļ	1,498			800,000	797,936	5,673		2.300	2.682	MS	9,200	5,916
SIEMENS FINANCIERINGSMAATSCHAPPIJ N.V NATIONAL AUSTRALIA BANK LTD (NEW YORK B			09/27/2018 04/10/2018	ECLR 90051 OPPENHEIMER CO NY. CIBC OPPENHEIMER	08/16/2019 01/14/2019	248,261 1,599,720		713 5,704			250,000 1,600,000	247,548 1,594,016	1,547		1.650	2.781 2.501	FA	16,000	
MACQUARIE BANK LTD		-1.c.1		CIBC OPPENHEIMER	01/15/2019	549.941		595			550.000	549.347	5.960		2.350	2.628	JJ		1.306
NATIONAL RURAL UTILITIES COOPERATIVE FIN]]	07/19/2018	VARIOUS	02/08/2019	1,997,905		8,895			2,000,000	1,989,010	13,108		1.650	2.678	FA	16,500	1,306
MACQUARIE BANK LTD.		C	04/20/2018	OPPENHEIMER & CO. INC	01/15/2019	820,923		1,409			821,000	819,514	8,896		2.350	2.600		9,647	5,252
NISSAN MOTOR ACCEPTANCE CORPBERKSHIRE HATHAWAY FINANCE CORP		C	04/26/2018	CIBC OPPENHEIMER B.RILEY & CO., LLC.	03/08/2019	485,475 2,497,085		1,934			486,000 2,500,000	483,541	3,051 12,514		2.000	2.600	MSMS.	4,860	1,404
ING BANK NV			08/22/2018	CIBC OPPENHEIMER	03/15/2019 03/22/2019	1,249,135		1.692			1,250,000	2,490,475 1,247,443	7,906		2.300	2.285 2.617	MS	21,250 14.375	10.120
ROYAL BANK OF CANADA				CIBC OPPENHEIMER.	04/15/2019	1,995,337		6,217			2,000,000	1,989,120	6,861		1.625	2.451	A0	16,250	
BRANCH BANKING AND TRUST CO		4	07/16/2018	B.RILEY & CO., LLC	05/10/2019	2,489,966		12,741			2,500,000	2,477,225	5 , 135		1.450	2.591	MN	18,125	6,847
CHEVRON CORP			07/13/2018	CITIGROUP GLOBAL MARKETS	05/46/2040	1.494.854		6 204			1.500.000	1.488.570	2 027		1 501	2.492	MAI	11.708	2.000
TOYOTA MOTOR CREDIT CORP.				J.P. MORGAN SECURITIES INC.	05/16/2019	2,489,150		6,284			2.500,000	2,476,450	2,927 3,986		1.561	2 545	MN	17,500	3,968
COCA-COLA CO.		1.		MARKETAXESS CORPORATION	05/30/2019	1,122,959		5,134			1,128,000	1,117,825	1,336		1.375	2.545 2.474	MN	7,755	2,585
SANTANDER UK PLC.		C		CIBC OPPENHEIMER.	09/10/2019	969,382		769			975,000	968,614	7,065		2.350	3.200	MS		4,964
CITIGROUP INC				OPPENHEIMER & CO. INC	06/07/2019	958,780		672			963,000	958,108	1,316		2.050	3.082	JD	00.047	
BANK OF NOVA SCOTIA			11/21/2018	OPPENHEIMER & CO. INC	06/14/2019	2,885,696		11,563 239			2,899,000 650,000	2,874,134	2,259 6,134		1.650	2.682 3.251	JU	23,917	6,973
WALT DISNEY CO		1.5.	07/13/2018	MILLENNIUM ADVISORS.	07/12/2019	2,480,667		16.467			2,500,000	2,464,200	10,269		0.875	2.353	JJ		304
AMERICAN HONDA FINANCE CORP		C	07/13/2018	MARKETAXESS CORPORATION.	07/12/2019	2,483,865		13,740			2.500.000	2,470,125	14,083		1.200	2.434	JJ		417
GLENCORE FUNDING LLC.		D		ECLR 90051 OPPENHEIMER CO NY.	01/15/2019	1,075,834		1,696			1,076,000	1,074,138	12,404		2.500	2.903	J	4,013	5,735
ABN AMRO BANK NV		. J.U.		ECLR 90051 OPPENHEIMER CO NY. Piper Jaffrav	09/20/2019	198,071 987,407		1.027			200,000 1,000,000	197,804 986,380	1,010 3,792		1.500	3.225	MS MS	·	2.917
ING BANK NV	1	. C.	08/27/2018	OPPENHEIMER & CO. INC.	03/22/2019	399,737		413			400,000	399 , 324	2,530		2.300	2.601	MS	4,600	3,987
FORD MOTOR CREDIT COMPANY LLC			08/21/2018	CIBC OPPENHEIMER	03/28/2019	799,233		1,169			800,000	798,064	4,675		2.262	2.671	MS	9,048	
AMERICAN EXPRESS CREDIT CORP				B RILEY & CO. INC.	05/03/2019	1,496,682		4,227			1,500,000	1,492,455	4,531		1.875	2.540	MN	14,063	
PEPSICO INC	-		07/13/2018	MILLENNIUM ADVISORS ECLR 90051 OPPENHEIMER CO NY.	05/02/2019	998,120 996,046		2,570 3,986			1,000,000		2,540 2,344		1.550	2.119			3,229
GOLDMAN SACHS GROUP INC	1	. I .V		WELLS FARGO SECURITIES LLC	07/23/2019	1,493,173		5.173			1,500,000	1,488,000	12.838		1.950	2.951 2.776	JJ	J9,3/5	325
BANQUE FEDERATIVE DU CREDIT MUTUEL SA	1		08/08/2018	CIBC OPPENHEIMER	04/12/2019	532,961		1,439			534,000	531,522	2,344		2.000	2.711	A0	5,340	3,619
J.P. Morgan Securities LLC		44	07/17/2018	J.P. MORGAN SECURITIES INC	01/31/2019	2,993,825		34,374			3,000,000	2,959,451	l		1	2.502	N/A		
BANK OF ČHINA LTD (LUXEMBOURG BRANCH)	4	. [.D.]		ECLR 90051 OPPENHEIMER CO NY.	07/12/2019	397,548		1,720			400,000	395,828	3,521		1.875	3.050	JJ	005 100	708
3299999 - Bonds - Industrial and Miscellar Bonds - Industrial and Miscellaneous (Unaffi						84,018,900	0	141,576	0	0	84,143,000	83,877,324	497, 190	0	XXX	XXX	XXX	625,469	386,376
Bonds - Industrial and Miscellaneous (Unaffi Bonds - Industrial and Miscellaneous (Unaffi																			
Bonds - Industrial and Miscellaneous (Unaffi																			
3899999 - Bonds - Industrial and Miscella					neous		1			1						I	I		$\overline{}$
(Unaffiliated)	(01101		, 000101	maaati ah midooffa		84,018,900	0	141,576	0	0	84,143,000	83,877,324	497,190	0	XXX	XXX	XXX	625,469	386,376
Bonds - Hybrid Securities - Issuer Obligation																			
Bonds - Hybrid Securities - Residential Mort																			
Bonds - Hybrid Securities - Commercial Mortg																			
Bonds - Hybrid Securities - Other Loan-Backet																			
Bonds - Parent, Subsidiaries and Affiliates				Pooked Conurities															
Bonds - Parent, Subsidiaries and Affiliates	DUTIUS - KE	ssiden	ıtıaı mortgage	-Dacked Securifies															

Bonds - Parent, Subsidiaries and Affiliates Bonds - Commercial Mortgage-Backed Securities

9199999 Totals



						C h	LO Daivo	OPT TERM I		Owned Decem		ont Voor							
1	Codes	ī	4	5	6	7	Ch	nange In Book	Adjusted Carrying	Value	12	13			Int	erest			20
'	00000	Ħ	4	J	U	'		9		Tuluc	' ⁻	13			T	I			1 20
	2	3					8		10	11			14	15	16	17	18	19	1
																			1
																			1
									Current				Amount Due						í l
								Current	Year's	Total			And Accrued						í l
						Book/	Unrealized	Year's	Other-Than-	Foreign			Dec. 31 of						í l
		Fo				Adjusted	Valuation	(Amortization)		Exchange			Current Year	Non-Admitted					Paid for
		rei	Date		Maturity	Carrying	Increase/	. /	Impairment	Change in			On Bond Not	Due and	l	Effective		Amount Received	
Description Bonds - Parent, Subsidiaries and Affiliates	Code	gn	Acquired	Name of Vendor	Date	Value	(Decrease)	Accretion	Recognized	B./A.C.V.	Par Value	Actual Cost	In Default	Accrued	Rate of	Rate of	When Paid	During Year	Interest
Bonus - Parent, Substitutaries and Attitutes	bonus - ut	ner Lo	Dan-backed an	d Structured Securities															
Bonds - SVO Identified Funds - Bond Mutual F	-unds - as	Ident i	ified by the	SVO															-
Bank Loans - Issued																			
Bank Loans - Acquired																			
7799999 - Bonds - Total Bonds - Subtotal		0bliga	ations			100,492,736	0						545,940	0		XXX	XXX	755, 157	
8399999 - Bonds - Total Bonds - Subtotals						100,492,736	0	177,479	0	0	100,643,000	100,315,257	545,940	0	XXX	XXX	XXX	755,157	427,270
Parent, Subsidiaries and Affiliates - Mortga Parent, Subsidiaries and Affiliates - Other	age Loans	Invoc	atad Assats																
Mortgage Loans	Short-Term	mves	sted Assets																
Other Short-Term Invested Assets																			
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Schedule DB - Part A - Section 1

Schedule DB - Part A - Section 2

Schedule DB - Part B - Section 1

Schedule DB - Part B - Section 2

Schedule DB - Part D - Section 1

Schedule DB - Part D - Section 2

Schedule DL - Part 1

Schedule DL - Part 2



SCHEDULE E - PART 1 - CASH

SCHEDO	LE E - PAN	–	CASH			
1	2	3	4	5	6	7
		Rate of	Amount of Interest Received During			
Depository	Code	Interest	Year	Current Year	Balance	*
OPEN DEPOSITORIES	Code	interest	i cai	Ourient real	Dalarice	
Suntrust-5671		0.00	0	0	63,497,926	XXX
Suntrust -2512 Kentucky.		D.000	0	0	(4,563,720)	XXX
Sunt rust -5689 Kentucky		0.000	0	0	(668, 167)	XXX
JP Morgan-4958		0.00	0	0	387 , 684	XXX
Suntrust -1158. Kentucky.	·····	2.200	3/2,319	0	80,246,334	XXX
Bank of Tokyo		1.700 2.270	212,727 257,715	0 0	15,280,937	XXX
Hancock-9618. Louisiana.	·····-	1.270	10,467	0	0 1,001,380	XXX
SunTrust 07/30/2019 Kentucky		2.300	1,365,986	283,247	145,000,000	XXX
019998 Deposits in depositories that do no allowable limit in any one depository - Open Depositories	ot exceed the	XXX			59,080	XXX
0199999 Totals - Open Depositories	XXX	XXX	2,219,214	283,247	300,241,454	XXX
0 199999 Totals - Open Depositories	۸۸۸	۸۸۸	2,213,214	200,241	300,241,434	^^^
				•		
	······					
						
			ļ			
						
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		ļ				
0399999 Total Cash on Deposit	XXX	XXX	2,219,214	283,247	300,241,454	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX XXX	XXX XXX	500,241,404	XXX
0599999 Total Cash	XXX	XXX	2,219,214	283,247	300,241,454	XXX
UJaaaaa TUlai Casii	۸۸۸	۸۸۸	2,219,214	200,241	300,241,434	۸۸۸

TOTALS	OF DEPOSITORY E	BALANCES O	N THE LAS	T DAY O	F EACH MO	NTH DURING	THE CU	IRRENT YEAR	

TO THE OF THE CONTENT DIRECTOR OF THE PROPERTY OF THE CONTENT OF T										
1. January	268,927,041	4. April	272,934,023	7. July	332,182,420	10. October	322,366,346			
2. February	325,415,219	5. May	266,777,311	8. August	299,615,272	11. November	280,119,715			
3 March	255 772 769	6 lune	300 628 758	9 Sentember	270 505 480	12 December	200 241 454			



SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year Book/Adjusted Amount of Interest Amount Received Date Rate of Maturity **CUSIP** Code Acquired Interest Date Carrying Value Due & Accrued **During Year** Bonds - U.S. Governments - Issuer Obligations Bonds – U.S. Governments – Residential Mortgage-Backed Securities Bonds - U.S. Governments - Commercial Mortgage-Backed Securities Bonds - U.S. Governments - Other Loan-Backed and Structured Securities Bonds - All Other Governments - Issuer Obligations Bonds - All Other Governments - Residential Mortgage-Backed Securities Bonds - All Other Governments - Commercial Mortgage-Backed Securities Bonds - All Other Governments - Other Loan-Backed and Structured Securities Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities Bonds - .S. States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities Bonds - U.S. States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Issuer Obligations Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Residential Mortgage-Backed Securities Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Commercial Mortgage-Backed Securities Bonds - U.S. Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed) - Other Loan-Backed and Structured Securities Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Residential Mortgage-Backed Securities U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions – Commercial Mortgage-Backed Securities Bonds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Other Loan-Backed and Structured Securities Bonds - Industrial and Miscellaneous - Issuer Obligations ABN AMRO BANK NV .11/21/2018. 11/20/2018 5.700 .02/01/2019 501, 163 11,875 XXX AMGEN INC (1,463)GOLDMAN SACHS GROUP INC XXX .11/28/2018. 7.500 02/15/2019 .1,106,907 31.195 (4,200)GLENCORE FUNDING LLC. ..11/02/2018. .2.500 ...01/15/2019... .386.926 4.461 294 3299999 - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations 3,134,641 58,371 (4,618)Bonds - Industrial and Miscellaneous (Unaffiliated) - Residential Mortgage-Backed Securities Bonds - Industrial and Miscellaneous (Unaffiliated) - Commercial Mortgage-Backed Securities Bonds – Industrial and Miscellaneous (Unaffiliated) – Other Loan-Backed and Structured Securities 3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated) - Subtotals - Industrial and Miscellaneous (Unaffiliated) 3.134.641 58.371 (4.618)Bonds - Hybrid Securities - Issuer Obligations Bonds – Hybrid Securities – Residential Mortgage-Backed Securities Bonds - Hybrid Securities - Commercial Mortgage-Backed Securities Bonds - Hybrid Securities - Other Loan-Backed and Structured Securities Bonds - Parent, Subsidiaries and Affiliates Bonds - Issuer Obligations Bonds - Parent, Subsidiaries and Affiliates Bonds - Residential Mortgage-Backed Securities Bonds - Parent, Subsidiaries and Affiliates Bonds - Commercial Mortgage-Backed Securities Bonds - Parent, Subsidiaries and Affiliates Bonds - Other Loan-Backed and Structured Securities Bonds - SVO Identified Funds - Exchange Traded Funds -as Identified by the SVO Bonds - SVO Identified Funds - Bond Mutual Funds - as Identified by the SVO Bonds - Bank Loans - Bank Loans - Issued Bonds - Bank Loans - Bank Loans - Acquired 7799999 - Bonds - Total Bonds - Subtotals - Issuer Obligations 3.134.641 58.371 (4.618 8399999 - Bonds - Total Bonds - Subtotals - Bonds 3.134.641 58.371 (4.618 Sweep Accounts Exempt Money Market Mutual Funds - as Identified by SVO BLKRK LQ:T-FUND INSTL 2.540 09248U-71-8 .11/08/2018. 325252-40-6 INVESCO TREASURY INST .12/07/2018 XXX 35.212 8599999 - Exempt Money Market Mutual Funds - as Identified by SVO 44.062 All Other Money Market Mutual Funds 09248U-70-0. BLKRK LQ:FEDFUND INSTL 11/08/2018 2.420 XXX 9.450 .30,011,149 262006-20-8 DREYFUS GVT CSH MGT INST .12/03/2018. 2.560 542,213 XXX 31846V - 20 - 3 FIRST AMER:GVT OBLG Y... SD. .12/04/2018. 2.250 XXX. ...34,235 .243 31846V-33-6 .15,490,719 FIRST AMER:GVT OBLG X .12/31/2018. 2.560 XXX. .19,198 314 31846V-33-6.. FIRST AMER:GVT OBLG X. .12/31/2018. 2.560 XXX. .50.000 38141W-27-3... GOLDMAN:FS GOVT INST ..12/07/2018. 2.540 XXX. .32,851 608919-71-8 FEDERATED GOVT OBL PRMR. 12/07/2018 2.510 XXX 1.000.000 27,280

8899999 Total Cash Equivalents



49,720,745

222,581

SCHEDULE E - PART 2 - CASH EQUIVALENTS

		Show	Investments Owi	ned December 31 of Current Y	'ear			
1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
825252-88-5	INVESCO GOV&AGENCY INST		12/07/2018	2.550	XXX		31,294	
8699999 - All Oth	er Money Market Mutual Funds	_	•	•	•	46,586,103	120,148	542,77
Other Cash Equivaler	nts					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	,
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538,152



SCHEDULE E - PART 3 - SPECIAL DEPOSITS

				HEDULE E - PART 3 -	Depos	its For	All Other Special Deposits		
			1	2	the Benefit of A	4	5	6	
	States, etc.		Type of Deposits	Purpose of Deposits	Book/Adjusted Carrying Value	Fair Value	Book/Adjusted Carrying Value	Fair Value	
1.	Alabama	AL							
	Alaska								
	Arizona								
4.	Arkansas	AR							
	California								
	Colorado								
	Connecticut								
	Delaware								
9.	District of Columbia	DC		Required by Florida Department of					
10.	Florida	FL	В	Insurance	123,560	123,496			
	•	•	ST	Required by Georgia Department of	50,000	50,000			
	Georgia			.Insurance		50,000			
	HawaiiIdaho		ļ						
13.	idano	טו		Required by Illinois Department of					
14.	Illinois	IL	B	Insurance	1,552,255	1,542,976			
15.	Indiana	IN							
16.	lowa	IA							
17.	Kansas	KS		Described by Kert J. D.					
1Ω	Kentucky	ΚY	B	Required by Kentucky Department of Insurance	1,545,905	1,538,101			
	Kentucky		J	mout anou.	, 040, 500	, ,000, 101		1	
	Maine								
	Maryland							1	
	Massachusetts							1	
		MI							
	Minnesota								
	Mississippi								
	Missouri								
	Montana								
	Nebraska								
	Nevada								
	New Hampshire								
	New Jersey								
				Required by New Mexico Department of					
32.	New Mexico	NM	B	Insurance	205 , 144	204,488			
33.	New York	NY							
	North Carolina								
	North Dakota								
	Ohio								
37.	Oklahoma								
38.	Oregon	OR							
39.	Pennsylvania	PA							
40.	Rhode Island	RI		Required by South Carolina Department of					
41.	South Carolina	SC	B	Insurance	182,874	182,774			
		SD			. ,				
	Tennessee								
	Texas								
	Utah								
46.	Vermont	VT							
4-	Viuminia.	\/^	ь	Required by Virginia Department of	440 400	100 550			
	Virginia		B	i i	110 , 122	109,553			
	Washington					l		1	
	West Virginia		ļ			l		1	
	Wisconsin								
	Wyoming		ļ					1	
	American Samoa								
	Guam								
	Puerto Rico								
	US Virgin Islands								
	Northern Mariana Islands							1	
	Canada		vvv	vvv	^	^	^	1	
	Aggregate Other Alien	UΙ	XXX	XXX	3 760 860	3 751 388	0		
	Total		XXX	XXX	3,769,860	3,751,388	0		
	OF WRITE-INS								
801.			ļ						
802.									
803.	Command and a second se	. 1 :	ļ			ļ		ļ	
898.	Sum of remaining write-ins for 58 from overflow page	Line	XXX	XXX	0	0	0		
899.	Totals (Lines 5801 - 5803 + 58	398)							
	(Line 58 above)		XXX	XXX	0	0	0		